STATE TITLE V BLOCK GRANT NARRATIVE
STATE: PA
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

The appropriate Assurances and Certifications (non-construction program, debarment and suspension, drug free workplace, lobbying, program fraud, and tobacco smoke) are signed and on file in the Director's Office of the Bureau of Family Health. They can be obtained by calling #(717) 787-7192.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The Bureau of Family Health's solicitation of meaningful public input around the needs assessment and MCH Block Grant 2004 annual report/2006 application was comprehensive. Stakeholder meetings were held in six different locations throughout the Commonwealth during June 2005. The meetings were broadly advertised to ensure the attendance of families, community-based organizations, professional associations, consumer organizations, and key informants. During these meetings, the purpose and process of the needs and capacity assessment process and regional findings were shared. Facilitated group discussion occurred to ascertain attendee perspectives on MCH needs and capacity issues. An overview of the Title V MCH Block Grant application process was also provided. Attendees were encouraged to review and comment on a DRAFT of the 2004 block grant annual report/2006 application which was posted to the Department of Health's web site May - June 2005. Comments received by June 30th were reviewed and incorporated into the final document as appropriate. A combined response to all comments received will be posted on the web site August 2005.

The finalized assessment and annual report/application will be distributed to a vast audience of stakeholders in the Fall of 2005. It is the hope of the Bureau that both will be used by groups and organizations across the Commonwealth interested in improving the health and wellness of Pennsylvania's pregnant women, children and families.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Geography

Pennsylvania is located in the Mid-Atlantic region of the United States. Its neighboring states are New York, New Jersey, Delaware, Maryland, West Virginia, and Ohio. Pennsylvania has an average east-to-west distance of 285 miles and an average north-to-south distance of 156 miles. The state ranks 33rd in total area among the fifty states with 44,817 square miles of land area and 735 square miles of water area, largely consisting of Lake Erie. Pennsylvania is comprised of 67 counties, 56 cities, and 962 boroughs (Pennsylvania State Data Center, 2004).

Forty-eight of Pennsylvania's 67 counties are classified as rural, according to the Center for Rural Pennsylvania (Pennsylvania Abstract A Statistical Fact Book, 2004). Pennsylvania has a sizable farm population with almost one-third of the population residing in rural areas of the Commonwealth. Between 1990 and 2000, Pennsylvania's rural areas had a four percent population increase while urban areas had a three percent population increase. In fact, rural counties in eastern Pennsylvania grew three times faster than rural counties in central and western regions of the State (www.ruralpa.org, accessed 6/14/05).

Government

At the heart of Pennsylvania's government is the General Assembly. These are the men and women elected by the people of the Commonwealth to serve as our state Senators and Representatives. Pennsylvania's General Assembly is the legislative branch of government. Commonly called the state Legislature, it consists of two bodies--the Senate and the House of Representatives. Article II of the Constitution establishes the General Assembly's existence, authority, and limitations.
The executive branch of Pennsylvania government, consisting of elected and appointed officials, is headed by the Governor, who holds the state's highest office. Citizens look to the Governor as a leader who not only sets the agenda for state government, but also ensures that current problems are dealt with effectively and plans for the future are in place (PA Archives, 2004). The Governor's Office promulgates major program and priority changes.

Population

As the sixth most populated State in the country, Pennsylvania has a population of 12.3 million people and a population density of 274 persons per square mile (U.S. Department of Commerce, Bureau of the Census, Census of Population & Housing, 2000). It is projected that Pennsylvania will be home to 12.4 million people in 2010. The population of Pennsylvania is diverse in geography, age, race, culture, and linguistic make up. The gender distribution is 51.6 percent female and 48.4 percent male. According to the U.S. Bureau of the Census, the overall population increased by 3.4 percent from 1990 to 2000. Comparatively, the population of women of reproductive age decreased by 4.7 percent to 2,561,139 in 2000, but the number of individuals 65 and older for the same period increased by 4.7 percent. The number of individuals 65 and older for 2004 represents 15.3 percent of the total population and is the fastest growing sector of the population (Pennsylvania State Data Center, 2004).

Age Distribution

Of the state's 12.3 million residents, approximately 26 percent are under the age of 19, 34 percent are 20 to 44, 25 percent are 45 to 64, and 15 percent are 65 and above. The median age of Pennsylvania residents is 38 years of age. In 2003, there were 2,966,157 children and teens ages 2 to 19 living in the state. Of that group, 51 percent were male and 49 percent were female. Twenty-five percent of these children were in the two to six year-old age group. Nearly half (45 percent) were in the 7 to 14-year-old age group. Fifteen to 19-year-olds comprised 30 percent of this group (Pennsylvania State Data Center, 2003).

Race and Ethnicity

Pennsylvania's largest minority groups are African-Americans, Hispanics, and Asian-Pacific Islanders. African American's comprise 10.3 percent of the state's population, while the Hispanic group, which can span more than one racial category, accounts for 3.4 percent of the Commonwealth's residents. Asian-Pacific Islanders, American Indians, and Others comprise 2.0 percent, 0.2 percent, and .09 percent, respectively. Philadelphia County contains the largest African American population in the state, 43.2 percent. The State's Hispanic population is concentrated in the counties of Lehigh and Berks, comprising 10.2 percent and 9.7 percent of the county populations, respectively. It is important to note that while the minority population is broken down into three major groups--African-Americans, Hispanics, and Asian-Pacific Islanders--there are major subgroups within these groups, which differ significantly in language and culture (SHIP Special Report on The Health Status of Minorities in Pennsylvania, 2002).

Since the mid-1970s, more than 100,000 refugees have made Pennsylvania their home (Pennsylvania Refugee Resettlement Program). Arriving from over 30 nations, these refugees represent a vast number of ethnic minorities, with a majority becoming naturalized citizens of the United States. Thirty seven percent of Pennsylvania's refugees reside in Philadelphia County, with significant representation also seen in the Allegheny, Bucks, Cumberland, Dauphin, Delaware, Erie, Lancaster and Lehigh Counties. Some of the services we provide to these multicultural immigrants include: 1) Special Supplemental Nutritional Program for Women, Infants and Children; 2) newborn screening and follow-up for metabolic conditions; and 3) genetic counseling.

Migrant and Seasonal Farm Workers

Each year, Pennsylvania's agricultural industry significantly draws on approximately 45,000-50,000 migrant and seasonal farm workers, 91 percent of whom are Mexican-born. Ironically, these workers whose efforts contribute to high-quality and affordable foods for the U.S. population often suffer from food insecurity, malnutrition, poor health status, and poverty.

Chester and Adams Counties contain the highest numbers of migrant and seasonal farm workers. The counties' agricultural industries vary affecting the stability of workers in each location. Adams County relies on migrant farm workers directly from Mexico on H2A work visas that obligate them to work exclusively for the grower hiring them or return to Mexico. Chester County employs a large number of seasonal farm workers in the year-round mushroom industry, fostering a more settled population and leading to higher annual wages. In Chester County, many families come independently and remain year round while the men travel back and forth on H2A visas. Because of the nature of the mushroom industry, these workers are often not considered "true" migrant farm workers who move from location to location following crops, and subsequently do not receive benefits and services (The Center for Rural Pennsylvania website, accessed 1/05).

Income

According to The Economic Outlook for FY 2005-06 in the Governor's Budget Address, "Growth in real personal income within Pennsylvania lagged the national rate during the period when the economy was expanding in the late 1990's while the Commonwealth's growth in real personal income outperformed national average in 2001 and 2002 and nearly matched the growth nationally in 2003."

According to the U.S. Census Bureau, the annual per capita income in Pennsylvania in 2004 was $20,880--female per capita income was $26,687 compared with male per capita income of $37,051.

The 2005 Federal poverty guidelines designate a family of four with a gross yearly income of $19,350 as living in poverty. The Census Bureau estimates that 8 percent of Pennsylvania families have incomes that place them below the poverty level. Children living in families headed by a female are more likely to live in poverty compared to children living in a household with two married parents.

Employment

According to the Governor's Budget Address, improvements in the Commonwealth's economic performance will be largely dependent upon job growth, which has been rebounding since 2004.

Historically, the Commonwealth's economy has relied heavily on its manufacturing sector. However, changes in the global marketplace have significantly impacted Pennsylvania economy. From 1969 to 1989, 524,000 manufacturing jobs were lost, more than twice the number of jobs lost in the United States during the same period. Since 1989, Pennsylvania has continued to lose manufacturing jobs more quickly than the rest of the country--170,000 manufacturing jobs have been lost since 2000 (PA Department of Labor and Industry). The implications of the industry's decline include job loss and wage stagnation, which have burdened workers, their families, and the communities in which they live.

"Pennsylvania employment grew by 2.7 percent in 2004, while employment nationally rose by only 1.3 percent. The unemployment rate averaged 5.4 percent in 2004--the lowest average annual level since 2001." The statewide unemployment rate was 5.1 percent as of January 2005 with significant variation by county. Unemployment rates range from a high of 12.2 in Forest County to a low of 3.0 in Cumberland County. With the exception of Philadelphia County, the counties with the lowest unemployment rates are concentrated in the Southeast region of the State (Bureau of Labor Statistics, U.S. Department of Labor, 2005).

From 1979 to 2003, the median inflation-adjusted wage among men with some college (but no degree) dropped from $15.50 an hour to $13.85 an hour. Among those with only a high school education, wages dropped from $15.73 an hour to $13.50 an hour. Among those who did not finish high school, median wages dropped from $14.56 an hour to $9.95 an hour. Low-wage employees (those earning more than 10 percent but less than 90 percent of all employees) saw their wages stay virtually unchanged over this period ($7.04 in 1979 and $7.07 in 2003), while the costs of many other essentials, such as housing and medical care, increased significantly (PA Hunger Action Center website, accessed 1/05).

Housing

U.S. Census 2000 identified 5,249,750 housing units in Pennsylvania, a 6.5 percent increase from 1990. Of the total Pennsylvania housing units, 4,777,003 (91 percent) were occupied. Of those occupied, 3,406,337 (71 percent) were owner occupied and 1,370,666 (29 percent) were renter occupied (U.S. Census Bureau, 2000). Philadelphia and Allegheny Counties, the two largest urban areas, together accounted for 1,127,688 (24 percent) of those occupied units.

The median housing value in 2000 was $97,000, an increase of 8.0 percent since 1990. However, the national average in 2000 was $119,600 (23.3 percent more). In 2000, approximately 66 percent of Pennsylvania's housing units were built before 1970; approximately 80 percent were built before 1980 (U.S. Census Bureau, 2000). Pennsylvania has the second highest rate of old housing in the U.S. (2nd only to New York State) (U.S. Census Bureau, 2000). It is important to note the correlation between old housing stock and lead-based paint. As a result, lead-based paint was banned in 1978. The most common source of children's exposure to lead is contaminated dust from older homes that contain lead-based paint. Although all children living in older homes (where lead-based paint is most prevalent) are at risk, low income and minority children are much more likely to be exposed to lead hazards. Therefore, eliminating lead-based paint hazards in older low-income housing is essential if childhood lead poisoning is to be eradicated (Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards, 2000). Given the relatively high percentage of older houses in Pennsylvania, many families run the risk of living in units with lead hazards.

Education

The Commonwealth has 501 school districts that educate 83.4 percent of its children (16.6 percent are enrolled in private and nonpublic schools). There are 3,253 public schools, which include 102 charter schools, 15 area vocational technical schools (AVTS), and 66 occupational AVTS. Act 22 established charter schools in 1997. AVTS are operated by a school district, group of districts, or intermediate unit to provide career and technical education services to students. Numerous other alternative programs, such as 21st Century Community Learning Centers, Dropout Prevention, Homeless Education, Migrant Education, Service Learning, and Teen Parents, offer students educational opportunities as well. Children in Pennsylvania are also educated through a system of private and nonpublic schools, which account for 2,446 schools in the Commonwealth.

In Harrisburg, the State's capital, reorganization, reforms, and improvements are making a real difference in the lives of many students and families in the Harrisburg School District. A comprehensive educational system from age three, with Early Childhood, to adult post-graduate level programs, is being created in Harrisburg. The Balanced Literacy Program is aimed at district-wide upgrades in the literacy skills of all students. A comparison of 2000 and 2004 district PSSA reading score shows a 76 percent increase in Grade 5, 91 percent increase in Grade 8 and 264 percent in Grade 11 (Harrisburg Community Newsletter, Spring 2005).

In the past decade, overall school enrollment in Pennsylvania has remained essentially unchanged, but when examined by age, a distinct trend emerges. Enrollment has increased by 11.3 percent among students in secondary schools, but has decreased by 6.2 percent among elementary students. Long-term estimates project that by 2013 enrollment in public and private schools will experience a decline, which is contrary to the national trend in school enrollment (PA Department of Education).

Educational attainment is related to a number of important factors that influence health and wellness. The level of educational attainment can impact earning power, employment stability, and health-seeking behavior. U.S. Census Bureau 2000 statistics indicate that 82 percent of the Commonwealth's citizens have obtained at least a high school diploma or its equivalent. Nevertheless, over five percent of the population fails to remain in school beyond the eighth grade. Residents living in the counties surrounding Philadelphia and Pittsburgh have the highest levels of educational attainment in the State. Twenty to 42.5 percent of these residents are college educated. In Carbon County in 2002, one in ten children were born to mothers with less than a high school education (per 100 births) (State of the Child and Family in Carbon County, 2004).

Across our Commonwealth, talented teachers and administrators are helping our students achieve. As a result, the majority of Pennsylvania students are meeting State education standards. However, in spite of best efforts by public schools, nearly 40 percent of elementary age children still cannot read or do math at appropriate levels; by high school, fewer than half of students are proficient in math. With the passage of the No Child Left Behind Act in 2001, Pennsylvania must ensure that all of its current elementary school students will be proficient by the time that they reach high school (2005-06 Budget Highlights).

The Pennsylvania Department of Education (PDE) has responsibility for ensuring that all adults have basic literacy skills. The Bureau of Family Health (BFH) represents the Department of Health as a member of PDE's Adult Basic and Literacy Education and Interagency Coordinating Council (ABLE ICC). In 2002, this agency focused on developing plans for Health Literacy. In 2005, the ABLE ICC is looking at literacy needs more comprehensively. BFH staff is providing the public health perspective related to the concept that a "healthy community is a literate community", wherein "community" is envisioned as the client with its own strengths and support needs. Public health has been attempting to tease out the criteria of what defines a healthy community and has made considerable strides. However, having literate community residents is a measure of "health," which has been under the radar screen in health planning. The Bureau continues to facilitate discussions with the literacy and health planning advocates.

The Bureau of Family Health's top 13 priorities closely reflect the results of the statewide needs

analysis conducted this year. These priorities include:
1. Addressing health disparities in the rates of low birth weight and premature birth;
2. Improving statewide access to prenatal care and labor and delivery services;
3. Promoting smoking cessation in pregnancy;
4. Improving oral health of children and adolescents;
5. Increasing access to childhood lead screening;
6. Promoting the health and wellness of school age children;
7. Reducing childhood obesity;
8. Strengthening health and physical education activities within the schools;
9. Decreasing the rate of teen suicide;
10. Decreasing alcohol related driving morbidity and mortality among teens;
11. Increasing coordination of programs serving CSHCN;
12. Increasing the utilization of the Medicaid EPSDT Program; and,
13. Increasing the availability of MCH program data.

1. Addressing health disparities in the rates of low birth weight and premature birth

The Needs Analysis suggests that like other states, Pennsylvania is experiencing significant racial/ethnic disparities in perinatal outcomes. Although overall pregnancy outcome indicators are generally in line with national rates, for some population groups, namely black and Hispanic women, rates of low birth weight and premature birth are of concern. The assessment data indicates that for the most part, women at risk of poor outcomes reside in particular areas of the State.

Research has established a high correlation between the incidence of low birth weight babies, infant mortality and specific socio-economic and demographic factors. These factors include, among others, race, poverty, and the availability and utilization of maternity care services.

Infant mortality rates have declined in Pennsylvania over the last two decades for white and black infants. However, per 2003 data, the black infant death rate was over two and a half times as high as that for whites. The percentage of babies born with low birth weight decreased slightly from 8.2 percent in 2002 to 8.1 percent in 2003. WIC data as reported during FY '05 increased to 6.87% (4,758 infants) with a birth weight less than or equal to 5Lb 8 oz of all live births certified using the Risk Criteria DC (LBW).

2. Improving statewide access to prenatal care and labor and delivery services

According to the Needs Analysis the status and evenness of perinatal systems throughout the Commonwealth are unclear given the reduction in the number of obstetrical beds and uncertainty about the availability of and access to obstetrical care across the State.

Infant mortality and morbidity statistics are sensitive indicators of the utilization of obstetrical services in a population where socio-economic factors play a role in health care. Access to transportation across the state may inhibit mobility and access to maternity services. In addition, the cost of transit fare, where available, may place limitations on a pregnant woman's access in urban and rural areas in the state. Pennsylvania has ten county and municipal Health Districts strategically located across the state; however, Pennsylvania experienced a decline in the number of birthing facilities for maternity services from 148 in 1997 to 126 in 2005. Currently, data gathering by various stakeholders including State and local government officials and professional organizations is underway to determine the impact on obstetrical services in the Commonwealth.

3. Promoting smoking cessation in pregnancy

Smoking during pregnancy is clearly linked to fetal and infant deaths. Infants born to mothers who smoke while pregnant have three times the risk of Sudden Infant Death Syndrome. In addition, smoking can result in low birth-weight and premature birth. According to a report from the Surgeon General, in 20 percent of low birth-weight births, eliminating smoking during pregnancy could have

prevented 8 percent of preterm deliveries, and 5 percent of all prenatal infant deaths.

In fact, among the 50 largest cities in the United States, Pittsburgh has the highest rate of pregnant women who smoke in the nation. According to a survey conducted by the Annie E. Casey Foundation, 23.3 percent of women who gave birth in Pittsburgh reported they smoked during pregnancy in 2000. Pittsburgh has held this ranking for ten out of the last eleven years according to the survey (KIDS COUNT Special Report Annie E. Casey Foundation, 1998). Although rates are particularly high in Pittsburgh, high rates of smoking during pregnancy in Pennsylvania are not confined to this region. According to the Casey Report, Philadelphia ranked 30th out of 50 cities with 14 percent of mothers smoking during pregnancy. Rates are also troubling in many rural counties: in York County, the figure is close to 22 percent, in Clinton County, 30 percent, in Venango County, 33.4 percent, and in Greene County, 33.6 percent (The State of the Child in Pennsylvania: 2002).

The Bureau of Family Health collaborated with the Department of Public Welfare's Office of Medical Assistance Programs to develop interventions targeting pregnant women and providers through a multifaceted action plan consisting of, but not limited to, interventions that will increase awareness of the dangers of smoking while pregnant and raising the awareness of the ill effects of smoking around children of all ages, especially newborns.

4. Improving oral health of children and adolescents

In a recent report, the U.S. Surgeon General, Vice Admiral Richard H. Carmona, M.D., charged that access to care among low-income citizens and oral health literacy are major concerns related to the oral health status of American citizens. The importance of oral health to the overall health of children and adolescents is well recognized by the Commonwealth, and the Department of Health has been active along with other stakeholders in the promotion of oral health. However, given the importance of this issue and rates of utilization of dental care, the data suggests that more should be done.

According to Oral Health America: A Report of the Surgeon General, published in 2000, oral diseases in the United States are a "silent epidemic" that has a disproportionate effect on minorities, children, the elderly, and the disabled. Each year, fewer than 20 percent of children covered by Medicaid receive preventive dental screenings, although these screenings are mandated through the Early and Periodic Screening, Diagnosis and Treatment programs.

National data indicated that in 1999-2000, untreated dental caries in ages two through five years of age was 23.2 percent; in ages six through 17 years, it was 22.6 percent and in persons 18 to 64 years of age for the same period it was 25.7 percent.

As of September 2002, there were 67 Dental Health Professional Shortage Areas (DHPSA) impacting 1,521,000 citizens. Forty-nine of the 67 dental shortage areas were designated as special populations because there were sufficient dentists to serve the population but there were very few dentists willing to see low-income patients, especially patients on Medicaid. Nearly one in seven Pennsylvania residents is Medicaid eligible. Pennsylvania clearly demonstrates that there is an income and access disparity to oral health services in the state. Eighty percent of the dental disease is now found in 20 percent of the children, usually children from low income families.

Using national statistics, it is projected that 48 percent of Pennsylvania's children age six to eight had dental caries. Fifty-one percent of African-American children in this age group had dental caries and 68 percent of Hispanic children in this age category had dental caries.

Oral health issues are not only a problem for children. Poor oral health in pregnant women contributes to poorer birth outcomes. Although more research is needed to confirm how periodontal disease affects pregnancy outcomes, evidence suggests that pregnant women who have periodontal disease may be seven times more likely to have a baby that is premature and low birth weight (Journal of Periodontology, March 2005).

To begin to address the problems and gaps in Pennsylvania's oral health system, a full time State Public Health Dentist has joined the Department of Health Staff. An Oral Health Stakeholders Planning Group has been established and consists of dentists, dental hygienists, and representatives from the three dental schools, the Pennsylvania Dental Association, and other vested stakeholders. The State participates in the CDC Water Fluoridation Reporting System. The Department also administers the Loan Repayment Program, which provides repayment to physicians, dentists and mid level professionals who agree to practice in a federally designated shortage area. Pennsylvania receives funding from the National Foundation of Dentistry for the handicapped population in eastern and western Pennsylvania.

The Pennsylvania Department of Health, Bureau of Health Planning has a special initiative to increase the recruitment and retention of dental professionals to underserved areas in response to community concerns about access to dental services for the low-income population. Each year, the bureau has the ability to place up to 30 primary health care practitioners (including dentists) in underserved areas in Pennsylvania through the Loan Repayment Program, which repays up to $64,000 in student loans in exchange for a 4-year commitment to practice full time in designated health professional shortage area. All loan repayment participants must agree to not discriminate based on ability to pay and must accept Medicare, Medicaid, and have a sliding fee scale. Those recipients located in a low-income health professional shortage area must demonstrate that at least 30% of their patients are low-income. Since the beginning of the program, 39 dentists have participated.

The Bureau of Family Health, in collaboration with other Department of Health offices will coordinate oral health initiatives and strategies with the State Dentist, the Department of Public Welfare's Office of Medical Assistance Programs, and the Department of Insurance.

5. Increasing access to childhood lead screening

While lead poisoning is a preventable environmental health problem, children are the most susceptible to adverse health, neurological and behavioral reactions from exposure to lead because their nervous systems and brains are still developing. Lead poisoning can cause mental retardation, learning disabilities, and behavioral problems in children. High blood lead levels can cause seizures, coma, and even death.

Risk factors contributing to lead poisoning in children include the child's age, socio-economic status and age and condition of the child's primary residence. Pennsylvania, like other states, is not immune to these factors.

According to the Centers for Disease Control and Prevention (CDC), Pennsylvania ranks fifth in the United States for the estimated number of children with elevated blood lead levels. In addition, based on the CDC's estimate of the number of children with elevated blood lead levels in cities, Pennsylvania was identified to have four cities in the top 129. In cities such as Philadelphia, Pittsburgh, and Erie, large numbers of children who are below the poverty level live in older, deteriorating housing. In several smaller cities such as Allentown, Bethlehem, and York there are concentrations of high-risk housing placing children who reside in these homes at increased risk for lead exposure.

The amount of lead in paint is much greater in older homes. Pennsylvania ranks second in the nation in terms of the number of units of pre-1950 housing (2,113,422 units) after the state of New York. While lead was banned from house paint in 1978, it remains in millions of homes across the country. Based on the 2000 Census, it is estimated that 4,029,533 (77 percent) of all housing units in Pennsylvania were built before 1978. The housing stock in Pennsylvania consists of 80 percent residential units built prior to the year 1980, 55 percent built prior to the year 1960, 40 percent built prior to the year 1950, and 30 percent built prior to 1940.

By utilizing PA-NEDSS, a sophisticated, web-based, disease reporting application, various

surveillance initiatives can be implemented to monitor, track and analyze childhood blood lead levels across Pennsylvania. Additionally, the Pennsylvania CLPPP, in conjunction with the Philadelphia Department of Public Health, developed a comprehensive Lead Elimination Plan designed to eradicate childhood lead poisoning by 2010. This Lead Elimination Plan recommends universal screening of all children at ages one and two and for all children age three through six without a confirmed prior lead blood test.

6. Promoting the health and wellness of school age children

The Department of Health through the Division of School Health in the Bureau of Community Health Systems monitors and evaluates school districts' compliance with State laws, regulations, and policies; provides consultation and technical assistance to districts to support and improve health programs and services; develops policy, procedures, guidelines and adopts records and report forms to support and facilitate the efficient operation, administration and evaluation of the school health program as well as fosters state and local cooperation and coordination of programs and services. Health coverage can meet children's behavior, health, and assessment needs. Title V dollars support a full time School Health Consultant in each of the Department's six District Offices across the state to provide information, consultation, technical assistance, training, and coordination of programs and services to schools, parents, and the community at large regarding school health programs and services.

School health programs and services impact on the health status and well-being of more than 2.1 million school age children in the Commonwealth's 501 school districts, 15 full-time comprehensive vocational technical schools and 102 Charter Schools. Article XIV of the Pennsylvania Public School Code provides that all children attending public, private, and parochial schools receive school health services. These services include medical and dental examinations and five different health screenings (growth, vision, hearing, scoliosis, and tuberculosis) at specified intervals; nursing services, including the treatment of acute and chronic conditions, first aid, and emergency care; medication administration; health counseling and health promotion; maintenance of student health records; and assessment for school immunizations. Article XXV of the Code provides for Health Department reimbursement to districts for a portion of the costs associated with the provision of these school health services.

7. Reducing childhood obesity

Obesity is a leading cause of preventable death in the United States and is second only to tobacco use. Childhood obesity is a national epidemic. In children ages six to eighteen years, the prevalence of being overweight (defined as BMI greater than 95 percentile) is 15.4 percent and is increasing rapidly, especially in children of color. Furthermore, an additional 15 percent are at risk for becoming overweight (defined as BMI greater or equal to 85th percentile but less than 95th percentile). The numbers in Pennsylvania are even more alarming with 27% of low-income children between two and five years of age in Pennsylvania being overweight or at risk of becoming overweight (CDC PedNSS, 2002). According to the Pennsylvania Assessment of Overweight Children and Youth report in 2002, 18.2 percent of eighth graders are overweight and an additional 17 percent are at risk of becoming overweight.

The causes of the childhood obesity epidemic are numerous, but it is clear that the dramatic change in lifestyles--resulting in increased energy intake and decreased energy expenditure--over the last two decades is largely responsible. Bigger portion sizes, intake of high-fat fast foods, and energy dense drinks such as soft drinks have contributed greatly to the increased caloric intake and reduction in physical activity. Increase in sedentary activities such as television, video and computer use has contributed to the decrease in energy expenditure. Comparing these facts with Pennsylvania data demonstrates:

*51 cents of the Pennsylvania nutrition dollar is spent on food consumed outside the home
*Pennsylvania adolescents consume 13 percent of their total calories on soft drinks;

*Greater than 50 percent of 12-17 year olds watch three-five hours of television per day; and,
*62.9 percent of elementary school students and 15 percent of secondary school students receive less than 45 minutes of physical education per week.

8. Strengthening health and physical education activities within the schools

The Department of Health is partnering with the Pennsylvania Department of Education to exemplify the high level of interest in meeting the requirements of our children's daily physical activity needs as an ongoing part of a healthy lifestyle.

According to a review of the literature, children, like adults, benefit from regular exercise and healthy eating habits. The growing body of evidence indicates that the antecedents of many adult health problems begin in childhood. While the Department of Education provides guidelines and academic standards in Health, Safety, and Physical Education, the No Child Left Behind Act does not currently classify physical education as a core content. Therefore, physical education is not offered consistently across the Commonwealth. A 2001 survey of PA schools reported: 63% of elementary schools promote 45 minutes or less of physical education per week; 57% of secondary schools promote 90 minutes or less of physical education per week. National guidelines are 225 minutes per week (PSAHPERD survey: The Status of Physical Education in PA Survey, 2002).

9. Decreasing the rate of teen suicide

Since the mid 1980's, Pennsylvania has made strong efforts toward the prevention of youth suicide through programs such as the Commonwealth Student Assistance Program (SAP), Services for Teens at Risk (STAR-Center), the Yellow Ribbon Program, and a variety of other approaches in local areas throughout the state.

In 2001, professionals within Pennsylvania opted to develop a "formal" youth suicide prevention plan. The Interagency Committee of SAP took the lead in convening a workgroup of about 50 stakeholders from across the state to formalize a plan using the " National Strategy for Suicide Prevention: Goals and Objectives for Action" as a template to include what already exists in Pennsylvania and to address gaps in those strategies. The Pennsylvania Strategy for Youth Suicide Prevention creates a framework for youth suicide prevention for Pennsylvania by encouraging and empowering groups and individuals to work together. The intent is to provide the general public with a greater understanding of the extent of the problem, about ways teen suicide can be prevented, and the roles individuals and group can play in prevention efforts. The stronger and broader the support and collaboration gained through these strategies, the greater the chance for the success of this public health initiative to continue to reduce youth suicide and youth suicidal behavior.

National death rates for youth 15-19 year olds due to suicide have decreased from 10.5 per 100,000 in 1995 to 7.9 per 100,000 in 2001 according to data collected by the CDC. During the same period, Pennsylvania's suicide rate reflected the national trend dropping from 11.3 per 100,000 (92 per 815,508 teens ages 15-19) in 1996 to 7.95 per 100,000 (67 per 842,741 ages 15-19) in 2001 (Annie E. Casey Foundation, Kids Count Data book, www.aecf.org/kidscount/databook).

10. Decreasing alcohol related driving morbidity and mortality among teens

Motor vehicle crashes are a leading cause of death among youth, especially teenagers. According to the National Highway Traffic Safety Administration, while the number of highway deaths overall rose 0.4 percent in 2003, fatalities in crashes involving drivers ages 16 through 20 rose 1.3 percent. Teenage drivers are involved in fatal crashes at twice the rate of drivers overall and have a fatality rate four times that of drivers ages 25-29.

Approximately three in every ten persons in the United States will be involved in an alcohol-related motor vehicle crash in their lifetime. Fatal injuries caused by motor vehicle crashes in which a driver, occupant or non-occupant was under the influence of alcohol remains a serious problem. At all levels

of blood alcohol concentration, the risk of involvement in a motor vehicle crash is greater for teens than for older drivers (Insurance Institue for Highway Safety, Fatality Facts: Teenagers 2002).

In order to reduce mortality and morbidity from alcohol related teen driving deaths, the Bureau of Family Health will work across state agencies to coordinate activities with the Safe Kids Coalition, the PA Department of Transportation, the PA Liquor Control Board, and the Bureau of Drug and Alcohol Programs in FY 05-06 to launch a statewide multimedia campaign.

11. Increasing coordination of programs serving CSHCN

The BFH has developed an extraordinary array of program components designed to serve the Commonwealth's CSHCN and their families. These programs include the hospital-based family consultants, the Special Kids Network Help line and Community System Development, the Parent to Parent Network, and the District CSHCN consultants. However the assessment data suggests that the coordination between these components is at best, uneven, resulting in fragmented service delivery. This fragmentation is also a barrier to the effective use of available resources. The BFH is also committed to developing creative and evidence based programs targeting the needs of older CSHCN including preadolescents, adolescents and young adults. In response to these findings, the Division of Community Systems Development and Outreach will develop a statewide correction action plan for FY 05-06.

12. Increasing the utilization of the Medicaid EPSDT Program

The Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a valuable mechanism to reach, screen and refer children for services important to assuring their health and well-being. The number of children covered by CHIP has increased to 133,472 in August 2003. Average CHIP enrollment for calendar year 2004 was 134,885. While the Commonwealth has done an outstanding job assuring the availability of health insurance for children, many Pennsylvania children remain uninsured. The rates for EPSDT screens and follow-up, while steadily increasing, could be improved substantially. The Department of Health and the Department of Insurance have partnered to improve children's health and access to health services by increasing the number of children with health coverage.

13. Increasing the availability of MCH program data

Using data as a framework to identify problems and detect trends in the overall population as well as in the state's subpopulations, policies and programs can be developed or enhanced to address issues impacting health in the Commonwealth. In some cases, the lack of available and useful data from programs focused on MCH health conditions and disease impact for this target population makes it difficult at the program level to monitor and assess the effectiveness of services. Title V funding supports the Bureau of Family Health's MCH epidemiologist to assist the Bureau with projects addressing health conditions affecting mothers and children in the state. The Bureau of Epidemiology directs multifaceted public health surveillance and assessment programs that allows the Bureau of Family Health to better define Pennsylvania's disease burden. For example, aggregate data is collected to describe linkage to services and follow-up related to pre-natal care, geo-spatial characteristics of infant mortality, morbidity, and low birth rate in Pennsylvania.

Prenatal data describe trends and geo-spatial characteristics of low birth rate in Pennsylvania. Evaluation of available data allows the identification of factors that contribute to the continuing racial disparities in maternal mortality, low birth weight, pre-term births, pre-natal care, and access to health care. Data is also used to establish trends in injury to pregnant women and birth outcomes. Data gathering facilitates the evaluation and description of the population of Children with Special Health Care Needs.

At the population level, the Pennsylvania Department of Health maintains many data sources that are vital to the Bureau of Family Health, such as Vital Statistics, mortality records and birth records,

cancer incidence records, Pennsylvania Cancer Incidence Registry and patient hospital discharge records, Pennsylvania Health Care Cost Containment Council, the Pennsylvania FORE Families birth defect data monitoring systems, and the Bureau of Laboratory--Pennsylvania National Electronic Disease Surveillance System (NEDSS). Department contractors also provide data on rape, domestic violence, and youth violence.

Health Indicators

A challenge for Pennsylvania is that not all Pennsylvanians have equal access to healthcare. Even today, racial, ethnic and non-English speaking minorities are more likely to experience great differences in their health as compared to the white population. Therefore, minority populations carry an unequal burden of disease and poor health. For example, data for 2003 shows the infant death rate for blacks (16.1) was more than two and a half times higher than that for whites (6.3) and the infant death rate for Hispanics (7.7) was slightly higher than whites.

Other challenges include mothers who use tobacco during pregnancy and those who delay prenatal care which makes them more likely to have low birth weight babies. Research shows maternal smoking during pregnancy is associated with miscarriages, low birth weight, and infant mortality. In Pennsylvania, approximately 33 percent of women ages 18 to 44 reported smoking every day. The percent of black women who reported smoking during pregnancy increased from 14.5 (2002) to 16.8 percent in 2003. The following Table 1 presents the percentage of women in Pennsylvania who used tobacco during pregnancy in 2003.

Table 1: Tobacco Use in Pregnancy

Race/Ethnicity Percentage
All Races 17.7
White 18.9
Black 16.8
Asian/Pacific Islander 2.0
Hispanic Origin 12.3

In 2003, 81.9 percent of all live births were associated with entry into prenatal care in the first trimester of pregnancy. Table 2 reveals a significant disparity in access to prenatal care with only 65.0 percent of black women entering prenatal care in the first trimester.

Table 2: First Trimester Entry Into Prenatal Care

Race/Ethnicity Percentage
All Races 81.9
White 85.3
Black 65.0
Asian/Pacific Islander 77.8
Hispanic Origin 69.2

The following Table 3 displays racial disparities in teen birth rate.

Table 3: Teen births

Rate/1000 Females
Race/Ethnicity Under 15 Years Old 15-19 Years Old
All Races 0.6 28.9
White 0.2 20.4
Black 2.1 66.9
Asian/Pacific Islander 0.4 11.3
Hispanic Origin 2.6 97.4

Other Important Health Indicators include:

*According to 2000 U.S. Census data, 14.7 percent of Pennsylvania's children under 18 years of age lived below the poverty level. It is well documented that poor children suffer a disproportionate share of deprivation, hardship and poor health outcomes.

*Children ages one to five are more likely to have elevated blood lead levels if they are poor, non-Hispanic African-Americans, and live in older housing.

*Infant Deaths: 7.3 per 1,000 live births (White 6.3, Black: 16.1, Hispanic: 7.7)

*Low Birth Weight: 8.1 percent (White: 6.9 percent, Black: 14.2 percent, Asian: 7.8 percent, Hispanic: 8.9 percent)

(Source: Bureau of Health Statistics and Research)

B. AGENCY CAPACITY

Promoting Health of Mothers and Children including CSHCN

The Bureau of Family Health (BFH), through its Divisions of Child and Adult Health Services (CAHS), Community Systems Development and Outreach (CSDO), Newborn Disease Prevention and Identification (NDPI), and Special Supplemental Nutrition Program for Women Infants and Children (WIC) exercises its capacity to promote and protect the health of all mothers and children, including children with special health care needs (CSHCN), through a variety of services. These services, as well as selected activities conducted by the divisions collaboratively, are described in the following paragraphs.

Health and Human Services Call Center (HHSCC)
Disseminating information statewide is an integral part of public education and linkage to health and human services in the Commonwealth. We provide resource and referral information about pregnancy, special health care needs, pediatric care, oral health, lead poisoning, head injury, newborn hearing screening, and newborn metabolic screening to callers via seven toll-free help lines answered by the HHSCC. The HHSCC consolidates lines (including all of the Title V funded lines) in the same physical location and serves 15 distinct program areas. The HHSCC was initiated in response to a historical annual volume of more than 198,000 calls from individuals requesting health and human services.

The PA Recreation and Leisure Line (R&L)
The R&L officially began to take calls January 1, 2001. This Line was created to assist individuals of all ages with special needs in locating accessible, inclusive recreational activities across the Commonwealth. A database of over 2,000 resources includes athletic programs, parks, recreation areas, camps, cultural enrichment activities, hobby instruction, professional sporting events, intrastate travel opportunities, and more. Available information includes wheelchair accessibility and hearing, vision, speech, and behavioral accommodations.

County and Municipal Health Departments
The Bureau of Family Health works very closely with ten county/municipal health departments to ensure that CSHCN have access to services in these ten counties or municipalities, and that services for CSHCN are included in all community programs. These local health departments provide a variety of services through their professional staff and promote an array of Bureau programs. They identify priority needs for their cities/counties through an annual needs assessment. Local health departments are located in Allentown, Bethlehem, Wilkes-Barre, and York; county health departments consist of Allegheny, Bucks, Chester, Erie, Montgomery, and Philadelphia.

PA Developmental Disabilities Council (PDDC)
Bureau of Family Health staff represent the Secretary of Health on the PDDC. The Council's mission is to encourage and support the creation of an environment in which all citizens of Pennsylvania can thrive without regard to disability. This council is mandated by the Administration on Disabilities, and is administered by the Department of Public Welfare. Four State Agencies are represented on the Council: Aging, Education, Health, and Public Welfare. The Council is composed of Agency staff, advocates and persons with disabilities. Among the accomplishments of the Council are the ongoing Policy Information Exchange, which informs decision-makers and program participants alike about the various legislative initiatives that will impact the lives of persons with disabilities; a voter awareness initiative which will continue to educate voters with disabilities about their rights to accessible voting venues; and position papers on a variety of issues that reflect the rights and considerations of individuals with disabilities.

Community Based Initiatives Targeting MCH Concerns
The BFH supports many community-based initiatives including three mini-grant programs that award up to $3,000 per fiscal year to community-based organizations. The concept of providing mini-grants was an initiative that started with one small program in the fall of 2001. It turned out to be so successful that the concept was expanded to include two additional programs. The Building Inclusive Communities Mini-Grant Program supports costs related to innovative and interactive educational events about inclusion of CSHCN in their communities. The Barrier Elimination Project helps to remove environmental barriers to community inclusion. A third mini-grant program advances the initiation and long-term duration of breastfeeding. Annually, $300,000 is available to support these mini-grant programs. The attached Table 4 (Building Inclusive Communities Mini-Grant Program Projects) displays several of the projects that have been initiated.

State Early Childhood Comprehensive Systems (SECCS) Grant
The Bureau of Family Health ensures a statewide system of services for all children, including CSHCN, through the SECCS Grant, which is an initiative funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration. The purpose of the SECCS Grant is to support State Maternal and Child Health Agencies and their partner organizations in collaborative efforts to strengthen the State's early childhood system of services for young children and their families. The ultimate goal of the SECCS Grant is the development of a statewide strategic plan that will support the implementation of a comprehensive early childhood system that promotes the health and well-being of children in Pennsylvania, thus enabling them to enter school healthy and ready to learn. The five priority areas that are addressed in the plan include: 1) access to health insurance and medical homes, 2) early care and education, 3) mental health and socio-emotional development, 4) parent education, and 5) parent support.

Multidisciplinary Clinics
The Bureau of Family Health coordinates multidisciplinary team clinics across the state to serve children and adults with special health care needs. The clinics provide professional expertise to a community-based provider network managing complex medical problems. Agreements are maintained with local medical and ancillary care providers to assure availability and accessibility to care other than in a tertiary center. The Commonwealth provides funds to support services for spina bifida, adult cystic fibrosis, Cooley's anemia, hemophilia and home services for children who are ventilator dependent. Outreach and communication between the multidisciplinary team staff and other health care providers, family members and school staff assures continuity of care and encourages comprehensive care management. One-stop multidisciplinary team clinic visits afford patients a full gamut of necessary services to manage complex medical conditions. Services include, specialized physician and surgical care, nutrition, case management, laboratory, radiology, pharmacology, speech therapy, physical therapy, occupational therapy, orthotic care, dental care and health education.

EPIC-IC Medical Home Training Program
The EPIC-IC Medical Home Training Program addresses six core outcomes for measuring success for CSHCN. These outcomes specifically state that all CSHCN in Pennsylvania will receive ongoing

comprehensive care within a medical home. The Program incorporates a unique Care Coordination component that links practice-based care coordinators. This linkage provides integrated care coordination services to children and youth with special health care needs and their families served by participating physician practices. Integrated care coordination includes the development and implementation of comprehensive care plans, completion of home assessments when necessary, obtaining physician signature and medical records, and accompanying families to sub-specialist visits and Individualized Education Plan meetings. Currently 27 physician practice sites involving 102 physicians, 19 nurse practitioners, 122 nurses and 36 family advisors are actively participating in the Program in 18 Pennsylvania Counties. These physician practice sites include urban, suburban, and rural locations throughout Pennsylvania, which provide ongoing comprehensive care in a medical home to 4,000 CSHCN and their families.

Sickle Cell Disease Program
The Bureau of Family Health also administers a Sickle Cell Disease Program, which has established agreements with six community-based organizations across the state. In 2002, 82 Pennsylvania infants were born with sickle cell anemia. The number of children with sickle cell anemia remains relatively stable; 83 infants were diagnosed with sickle cell disease in 2004. The six community based organizations, in collaboration with local medical providers, ensure that individuals with sickle cell disease have access to quality psychosocial support services within their communities designed to help maintain the highest possible quality of life. As advocates, these organizations assist clients in locating needed medical, social, transportation, vocational and other social services including health insurance.

Collaboration with Other Pennsylvania State and Community-Based Agencies

The BFH actively collaborates with other State Agencies and private organizations, supports communities, and coordinates with the health components of community based systems. Collaboration is accomplished at all levels by centralized Bureau program staff and regionally by MCH and SHCN consultant field staff. The Consultants collaborate with innumerable local and state agencies in addition to community health nurses located in State Health Centers in 57 counties. They also work with school health nurses to ensure access to services, to respond to community needs and to provide public health education and outreach.

The State Early Childhood Comprehensive Systems (SECCS) Grant represents tremendous collaboration among state and local agencies. The SECCS Grant Steering Committee and workgroups consist of key individuals from both State Government as well as local organizations that promote the well being of young children and their families.

The Bureau of Family Health (BFH) was instrumental in the development of the Pennsylvania Perinatal Partnership (PPP). The PPP includes representatives from the BFH, Pennsylvania's Healthy Start Program and local Title V funded health departments. The mission of the PPP is to improve perinatal health outcomes in Pennsylvania through collaboration, intervention, joint strategies and advocacy. Since its inception, the PPP has developed initiatives to raise awareness of perinatal depression and issues around managed care for CSHCN. After a meeting with key stakeholders in the state, the PPP has identified key issues and is developing recommendations for a plan of action. In addition, the PPP held two round table discussions on managed care and CSHCN. These meetings brought together key leaders from both government offices and state contracted managed care providers to identify issues that families face in coordinating and receiving care for CSHCN.

The Lead Poisoning Prevention and Control Program (LPPCP) collaborates with other state agencies through various initiatives. Most recently, the LPPCP, through its Childhood Lead Poisoning Prevention Program, created a Lead Elimination Workgroup. The Workgroup, comprised of approximately 30-40 diverse individuals from both public and private organizations, represents an extremely broad range of interests from healthcare organizations, physicians, property owner associations, tenant associations, attorneys, and City and State government entities. Over the course of a few months, the Workgroup met regularly and developed a plan that eliminates childhood lead

poisoning by 2010. The result, a Statewide Lead Elimination Plan focusing on surveillance, housing, outreach, and case management. The Plan was submitted to the Centers for Disease Control and Prevention in 2004 and a comprehensive strategic plan with specific tasks and objectives for implementation is proposed for 2005.

Other initiatives demonstrating the Department's commitment to eliminating childhood lead poisoning include a collaborative data match project with the Department of Public Welfare designed to share lead data and assist each agency with lead surveillance. In addition, the Bureau's Lead Hazard Control Program (LHCP) developed a Partnership Group, which includes participants from the Departments of Community and Economic Development, Environmental Protection, Labor and Industry, and Public Welfare whose focus is to bring stakeholders together to maximize Pennsylvania's resources.

Staff responsible for the Newborn Disease Prevention and Identification (NDPI) screening program regularly collaborate with the March of Dimes (MOD) and Hospital Association of Pennsylvania (HAP) to support hospitals in providing follow-up services to newborns. Together, the NDPI and the MOD conducted a Stakeholders Meeting in December of 2004 attended by representatives from the HAP, physicians, geneticists, hospital newborn screening laboratories and other community health professionals for the purpose of evaluating the expansion of newborn screening in Pennsylvania.

Pennsylvania Statutes Impacting on Title V Programs

There are several Pennsylvania statutes affecting administration of programs administered by the BFH. The attached Table 5 (Pennsylvania Statutes Impacting on Title V Programs) lists those statutes relevant to Title V program authority and describes the impact of each on the BFH Title V funded programs.

Preventive and Primary Care Services for Pregnant Women, Mothers and Infants

The BFH operates many programs aimed at promoting preventative and primary care services for pregnant women, mothers and infants The NDPI Genetics Program collaborates with four Family Health Councils and six hospitals throughout Pennsylvania to provide pre-conceptional health screenings and/or genetic counseling services designed to provide individuals and families information about the occurrence, or risk of recurrence, of a genetic condition or birth anomaly. In the most recent reporting year, 3,054 eligible at risk clients were screened.

Similarly, the Bureau's "Love'em with a Check-Up" outreach initiative encourages women to receive early prenatal care, thus serving a preventative function. Related mass media messages feature a woman early in her pregnancy and showcase the Healthy Baby Help line phone number 1-800-986-BABY as a point of contact for additional information and a place to receive help "as soon as a women thinks she may be pregnant."

The Healthy Baby Help line provides pregnant women with access to prenatal care providers as well as health care coverage options. Callers are screened for eligibility for the Medicaid program and given a presumptive eligibility provider name and contact information in order to receive care as soon as possible. Women are also offered information on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program as well as other Department programs for pregnant women. Brochures on immunization and newborn screening are distributed to callers along with the Guide to a Healthy Pregnancy booklet that features information on pregnancy, labor and delivery, nutrition for mom and baby, breastfeeding, newborn screening and a variety of other topics of interest to pregnant women. Medicaid applications can be mailed as requested or Specialists can complete the application via the web during the call. Follow-up calls are placed to women, upon their agreement, to determine satisfaction with the services provided by the help line and to provide additional referrals if necessary.

The Bureau of Family Health also utilizes Title V dollars to fund two county health departments

(Montgomery and Philadelphia Counties) for the provision of prenatal care to 520 undocumented residents annually. The program model follows the guidelines identified in the Healthy Beginnings Plus prenatal care program implemented by the Department of Public Welfare, Office of Medical Assistance Programs. Norristown, Montgomery County, had an infant mortality rate of 9.7 for the 5-year period of 1998-2002, compared to the State rate of 7.2 for the same 5-year period. In that period there were 25 total infant deaths in Norristown, 8 white and 17 black. Births to Hispanic women in Norristown more than doubled from 1998 (13.9 percent) to 2002 (30.6 percent). A significant number of providers are not equipped to deliver services to this population due to cultural and language barriers. The Prenatal Service Program provides $800 per person at three participating hospitals and a regional health center to deliver prenatal care for these undocumented Hispanic pregnant women. This program is hugely successful and vital to the Norristown Community. In 2004, allocated funds in the amount of $136,000 ensured prenatal services for 170 women. It is estimated that an additional 210 women were eligible for this program, but could not be served due to inadequate funding. This reimbursement is essential to treating these women who are undocumented or have limited means of payment. Without this funding source, the clinics either provide care without any compensation or women receive little or no prenatal care at all.

The Bureau seeks to reduce the incidence of Sudden Infant Death Syndrome (SIDS) and to minimize the devastating impact of sudden infant deaths on affected families through the SIDS Program. Maternal and Child Health (MCH) Consultants located within each of the six Department of Health District Offices provide SIDS services at the local level. These services include information and counseling to families who experience a sudden infant death as well as provide education and consultation to health care professionals to encourage timely, helpful, and coordinated responses to families following a death. The MCH Consultants also educate the public about SIDS through educational presentations and the distribution of brochures and other materials from the national "Back to Sleep" campaign. Since the start of the campaign, the SIDS rate for African Americans has declined dramatically, as it has for the total population. Despite the dramatic decline in SIDS over the last decade, SIDS still claims the lives of roughly 2,500 infants each year. Since 1994, SIDS rates for both the white and the African American populations have declined by about 50 percent, but a significant disparity still remains (Source: The National Institute of Child Health and Human Development of the National Institutes of Health). The number of SIDS deaths in Pennsylvania has declined from 109 in 1999 to 74 in 2003 (Source: PA Department of Health Bureau of Health Statistics and Research).

WIC provides targeted nutrition and breastfeeding education, food, and referral services in all of Pennsylvania's 67 counties for pregnant, breastfeeding and non-breastfeeding postpartum women. Infants are certified for a one-year period, and can continue to receive program benefits until they turn five years old. WIC receives funds from the U.S. Department of Agriculture. The Bureau of Family Health's Division of WIC administers the Program. Pennsylvania contracts with 24 county and private non-profit agencies to deliver WIC services at the local level at over 356 sites. WIC received over $140 million in funding to administer the Program to provide food benefits in fiscal year 2005. In addition, WIC received an estimated $61 million in rebate funds for infant formula, infant cereal, and infant juice. More than one third of total WIC caseloads are paid for by rebate funds. The Program provides benefits to over 245,000 women, infants, and children each month.

The Newborn Screening Program provides grant funds to four hospitals to provide confirmatory testing and follow-up services to newborns, and has two contracts with newborn screening laboratories to test all Pennsylvania newborns for six state-mandated metabolic or endocrine disorders. The Program also provides metabolic formula to PKU clients under the age of 21 and pregnant women to prevent adverse effects of the disease.

The STD Program provides funding through the Infertility Prevention Project from the Centers for Disease Control and Prevention (CDC) for chlamydia screening, treating, and counseling uninsured young women in Family Planning clinics. This population is at increased risk of chlamydia due to risky behaviors and inconsistent use of condoms. Young women are physically more prone to having a chlamydia infection than older women due to the number of columnar epithelial cells on the cervical

surface. In Pennsylvania's Family Planning clinics in 2004 there was a 5.6 percent positivity rate of chlamydia in people 17 and younger (9.5 percent for males and 5.5 percent for females). There were approximately 18,000 young people 17 and under screened for chlamydia in Family Planning clinics in Pennsylvania in 2004.

The Bureau of Communicable Diseases, Division of HIV supports Young Adult Roundtables designed to provide youth ages 13 to 24 representation in Pennsylvania's HIV prevention community planning process. Each of the current six roundtables is comprised of 15 - 20 "high-risk" young adults from diverse communities across the state. Each Roundtable meets five times during the year to discuss current issues and to provide important HIV prevention needs assessment information to the Pennsylvania HIV Prevention Community Planning Committee.

Preventive and Primary Care Services for Children

The Bureau of Family Health provides preventative care for children through the Pennsylvania Child Death Review (CDR) Program. The mission of the Program is to promote the safety and well being of children and to reduce preventable child fatalities. This is accomplished through timely, systematic, multi-disciplinary and multi-agency reviews of child deaths. Information derived from these reviews is used to develop inter-disciplinary training, community-based prevention education and data-driven recommendations for legislation and public policy. The State CDR Team was formally convened in November 1994, and as of August 2004, 58 local teams representing 60 counties were operational. The local teams review all child deaths under the age of 20 years. The teams review deaths and identify and investigate risk factors that lead to the death so that future deaths can be prevented. Teams recommend policies and educational programs that can prevent future child deaths.

The Healthy Kids Help line provides families with access to primary care providers as well as health care coverage options. Callers are screened for eligibility for the Medicaid Program and Children's Health Insurance Program (CHIP). Based upon initial eligibility screening, the help line mails Medicaid or CHIP applications to families. Additionally, Specialists offer to complete the application via the web during the call. Referrals to primary care providers are also given to callers.

The four Family Health Councils previously described provide comprehensive family planning services directed toward sexually active patients 17 years of age and younger. These services include routine gynecological care, pregnancy testing, contraception, Pap smear screening, sexually transmitted disease identification and treatment as well as education, counseling, and general health screening. These Councils served 17,939 young people in state fiscal year 2004.

Additionally, preventative care is provided to children through the medical providers participating in the Sickle Cell Disease Program. These providers offer comprehensive health care services that include complete physical exams, medical history, assessments, preventative medical therapies such as penicillin and folic acid, referrals to medical specialists and providing age appropriate health care including immunizations and patient education.

Rehabilitative Services for Blind and Disabled Individuals

Our sister Agency, the Department of Labor and Industry, provides blind and visual services for children throughout the Commonwealth via professional staff in District Offices located in Altoona, Erie, Philadelphia, Harrisburg, Pittsburgh, and Wilkes-Barre City. Services include: counseling; advocacy for educational services; transition services; guidance and counseling for children and their families; community orientation and mobility instruction; children's summer programs; rehabilitation teaching; adaptive equipment; and, low vision services. Financial and visual eligibility is established before goods and services are purchased for the child.

Family-Centered, Community Based, Coordinated Care to CSHCN

The Bureau supports statewide outreach and education activities for two important special needs

conditions: epilepsy and Tourette Syndrome. Two grantees provide comprehensive support and education services for individuals diagnosed with a seizure disorder and their affected loved ones. The Pennsylvania Tourette Syndrome Association provides similar services to family members with children diagnosed with Tourette Syndrome. All three organizations play an important role in assisting families by attending meetings between families and schools in the development of their child's Individualized Education Plan (IEP) and assisting families in navigating the service delivery system.

The Special Kids Network supports a network of six Regional Offices that provide Community Systems Development (CSD) activities and technical assistance to local community-based organizations and families for the creation or enhancement of services for children with special health care needs. Each Office has two CSD staff working directly with local community partners, one Research and Referral Specialist identifying and mapping resources within the region, and one Administrative Assistant. The CSD staff uses a uniform approach to meet a variety of service needs. The staff performs on-going needs assessment within communities to prioritize their work. Once a need is identified, the CSD Director brings the appropriate players to the table, places the appropriate resources and tools in the hands of a community coalition to create change, and facilitates the process with the community being the recipient and eventual owner of the program. Once underway, leadership of a CSD initiative is handed off to a recognized community coalition member. Costs stimulated and incurred by the community coalitions are underwritten by donations and grant opportunities that are pursued by the coalition.

Culturally Competent Maternal Child Health Care

The provision of appropriate information and educational messages and materials are important components in culturally competent systems of care. The Bureau has special staff located in the Media Outreach and Promotion Section that review all print materials, advertising and outreach efforts to assure message effectiveness and cultural sensitivity. Furthermore, outreach staff identifies and selects appropriately targeted media.

Health and Human Services Call Center (HHSCC) staff regularly attend Hispanic community events where information is communicated to attendees concerning the availability of HHSCC services. Materials about the help lines, health care coverage applications, and general health information are printed in English and Spanish and are distributed at these events. Calls received at the HHSCC can be taken live in English, Spanish, and Russian. The AT&T Language Line provides translation services for over 100 additional languages.

ACT 176 of 2002 requires information about Shaken Baby Syndrome to be provided to every parent upon discharge from a hospital facility. This information is available in a two sided brochure, English on one side-Spanish on the other. In addition, a basic information fact sheet, written in 10 different languages, has been made available to hospitals required to provide the education.

Bureau of Family Health staff participate on statewide cultural oriented planning groups. For example, a member of the WIC staff serves on the Governor's Advisory Commission on Asian-American Affairs' Health, Education and Public Welfare Committee. This group is designing practical strategies to meet the needs and concerns of Asian Americans residing in Pennsylvania.

WIC promotes cultural competency through a variety of methods. Racial/ethnic data is made available through annual reports from the QuickWIC system. Mandatory Civil Rights Training is provided to WIC staff on an annual basis. In addition, mandatory breastfeeding training is provided, which contains objectives that promote support for breastfeeding within a cultural context. WIC will incorporate culturally appropriate food choices in the WIC food packages that were reviewed by the Institute of Medicine (IOM) this year.

The Bureau maintains contractual agreements with specialized medical care providers to assure culturally competent systems of care for CSHCN. Contractual conditions require that all services incorporate and respect the beliefs, interpersonal relationships, values and behaviors from all cultural,

ethnic, and racial backgrounds and that providers adapt and respond to the cultural patterns of families. Contracts further require that translator and interpreter services are available; all clinic staff attend at least one training course on cultural competency annually; and health care services are delivered in a manner that incorporates family traditions and beliefs.

C. ORGANIZATIONAL STRUCTURE

Edward G. Rendell was inaugurated as the Commonwealth of Pennsylvania's 45th Governor on January 21, 2003. The Governor serves as Chief Executive of the nation's 6th most populous state, and oversees a $24 billion budget. The Governor's Cabinet is comprised of Senior staff, Agency Heads and Deputy Secretaries. Each Secretary is responsible for the oversight of his or her agency. An equally important responsibility of all Cabinet members is advising the Governor on subjects related to their respective agencies.

Governor Rendell appointed Calvin B. Johnson, M.D., M.P.H., as Secretary of the Pennsylvania Department of Health April 2003. In this role, Dr. Johnson serves as the primary public health advocate and spokesman for Pennsylvania. He is the senior adviser to Governor Rendell on health matters, identifying priorities and outlining objectives to achieving these goals. Dr. Johnson sets overall policy and direction, defines the Department's mission, and establishes strategic goals and outlines specific objectives. He prepares annual budgets for submission to the Governor, identifying priorities and accountability in fiscal matters. He also proposes initiatives to further the Pennsylvania Department of Health (DOH) objectives and represents DOH and the Administration before other State Agencies, the legislature, professional organizations, the health industry, community and stakeholder groups, consumers, and the general public.

The DOH's goal is to achieve optimal health outcomes for all Pennsylvanians. The Department's total budget for 2004-2005 was $865,644,000, and the proposed 2005-2006 budget is $816,894,000 (Pennsylvania Department of Health, 2005).

The mission of the Pennsylvania DOH is to 1) promote healthy lifestyles, 2) prevent injury and disease, 3) ensure the safe delivery of quality health care services for all Pennsylvanians and 4) eliminate health disparities. This mission is reflected in the Department's core functions identified as assessing health needs, developing resources, ensuring access to health care, promoting health and disease prevention, ensuring quality, and providing leadership in the area of health planning and policy development. The core functions of the DOH are carried out by the Offices of 1) Health Planning and Assessment, 2) Quality Assurance, 3) Health Promotion and Disease Prevention, and 4) Administration. Bureaus housed within these Offices that play a significant role in program administration and service delivery to the maternal and child population are highlighted under its corresponding Office.

Under the leadership and direction of Secretary Johnson, the Department of Health developed a strategic plan in accord with Healthy People 2010 and the Department's mission. The Department's goals include:
1. Achieve Pennsylvania Healthy People 2010 objective, specifically focusing on eliminating disparities in health and health care;
2. Elevate both public awareness and the positive public perception of the Department of Health by improving communication with and delivering exceptional customer service to all Department of Health constituents;
3. Recruit, develop, and maintain a well-trained and high skilled workforce to meet current and future public health demands;
4. Establish and maintain the Department of Health as a national leader in public health; and,
5. Ensure staff, program, and contractor accountability through data driven decision-making, monitoring and evaluation of all Department of Health program and function.

Many of Pennsylvania's public health personnel are concentrated in the 10 municipal and county health departments. In Pennsylvania, 1,209 public health workers are employed by the State, another 2,214 are employed by county and municipal health departments, and an additional 1,042 are employed by private agencies. In relation to its population, Pennsylvania has the lowest number of public health personnel of any State, with only 38 professionals per 100,000 residents, which is significantly lower than the national average of 138 professionals. The most significant shortages are public health nurses, who account for about 15 percent of the public health work force.

The Department of Health oversees health services administered to residents of Pennsylvania's 67 counties through a system of 6 community health districts, 57 State health centers, and 10 county and municipal health departments through its Bureau of Community Health Systems, represented in the MCH needs analysis. The six community health districts have the following geographic designations: Northwest, Northcentral, Northeast, Southwest, Southcentral, and Southeast.

The DOH Office of Health Promotion and Disease Prevention is responsible for developing and implementing a wide variety of educational, preventative, and treatment programs across all ages in the areas of communicable diseases; family health, including infant nutrition programs; cancer; HIV/AIDS; and tobacco, drug, and alcohol abuse. The Bureau of Family Health (BFH), which is responsible for administration of Title V programs, is one of five Bureaus housed within this Office.

The BFH is the State Title V Agency and oversees the MCH Title V Block Grant as well as other initiatives focused on maternal, child and family health. The mission of the BFH is to improve the health of pregnant women, infants, children, and children/youth with special health care needs. To support this mission, the BFH developed the following policy and program guidelines:
1. Services are planned in response to a community needs assessment, including opportunity for public input and client participation, and are provided in the least restrictive environments;
2. Services are community based, family centered, culturally sensitive, and responsive; and,
3. Service quality is maintained and improved by setting measurable goals, objectives, and action steps consistent with best practices, the definition of realistic time frames, the assignment of staff responsibility, and timely modification.

The BFH is comprised of the following five Divisions:
1. The Division of WIC administers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which is designed to improve the nutrition of pregnant and breastfeeding women, infants, and children under age 5 who are identified as at nutritional risk. Participants receive vouchers for healthy foods as well as nutrition education, breastfeeding support, and referrals to other needed services. The WIC Program has over 350 clinics statewide that are strategically located to provide the greatest reach to its eligible population in all of Pennsylvania's 67 counties. Each of the 24 local agencies is mandated to designate one staff person to serve as its Breastfeeding Coordinator, who coordinates the breastfeeding promotion and support activities for all staff within the agency. The State Agency provides extensive technical training on breastfeeding counseling and education to all WIC employees annually.

In addition, the state WIC agency has a Breastfeeding Coordinator that reviews all annual local agency Breastfeeding Plans, is responsible for policy development and guidance, provides training and technical assistance to local agencies, and monitors and evaluate breastfeeding initiatives across the state. The state WIC Breastfeeding Coordinator partners with the Bureau of Family Health's Lactation Consultant to insure that each program works collaboratively, minimizing duplication of effort, and maximizes program resources. The Breastfeeding initiation rate among African American women was 29% compared to 41% of all racial/ethnic groups enrolled in WIC in 2004.

Delineation of breastfeeding rates among WIC participants with low birth weight (less than 2500 gm) is calculated as those infants currently enrolled in WIC. Of the 4,722 LBW infants currently enrolled, 42 % (1,966) initiated breastfeeding. The number of WIC infants of very low birth weight (VLBW) (less than 1500 gm) who are currently enrolled is 2,857. Initiation rates among these VLBW infants are 45% (1,308).

2. The Division of Child and Adult Health Services is responsible for Title V program planning and development. Specifically, the Division is responsible for ensuring the availability and adequacy of services for pregnant women and teens, including prenatal care, and for direct medical services for children with special health care needs. The Division is responsible for the development of new program services as needed and identified through needs assessment and based on direction from the Governor's Office. Data analysis is critical in the program planning and development phase and also in reviewing performance of programs.

3. The Division of Community Systems Development and Outreach oversees the operation of all Department of Health help lines that are currently part of the Health and Human Services Call Center. Division staff work closely with the other Commonwealth Agencies that are part of this multi-agency contract for information and referral services and serve as project management experts for the programs that the help lines support. The Division operates a Media Outreach and Promotion Section (MOP), which develops many different types of marketing strategies to promote and raise the awareness of services that the Bureau offers. MOP has developed radio and television advertisements and print materials, including a coupon that was displayed in retail stores featuring a help line number. This Section also administers two programs whose charge is to educate and support those that have been diagnosed with Tourette Syndrome and Epilepsy. The newest program, currently under development, is the Breastfeeding Initiative that in coordination with our Division of Women, Infants, and Children, will seek to educate and support new mothers in their attempt to breastfeed their children.

4. The Division of Newborn Disease Prevention and Identification is responsible for protecting the lives of the approximate 144,000 newborns born each year in Pennsylvania through its newborn screening and follow-up program and newborn hearing-screening program. The Division is also responsible for a genetics services program, birth defects registry pilot project, and numerous contracts with hospitals and community providers. Division staff provide technical assistance to birthing hospitals, physicians, midwives and county/municipal health departments.

5. The Division of Program Support and Coordination is a non-programmatic Division charged with managing all aspects of Bureau operations. This includes budgeting, contracting, procurement, information technology, equipment, human resources and the Bureau's implementation efforts related to HIPPA requirements and the privacy of patient information. This Division also administers the MCH Title V Block Grant on behalf of the Bureau. This includes coordination the annual MCH Needs Assessment and composition and submission of the Annual Block Grant Report/Application.

D. OTHER MCH CAPACITY

Bureau of Family Health - Director: Melita Jordan, C.N.M., M.S.N., APRN C
Ms. Jordan has served in her current capacity as Director of the Bureau of Family Health since September 2004. Ms. Jordan has more than two decades of experience in the field of maternal child health. Previously she served as Director of Women's Services and Director of Nurse-Midwifery Services at Mercy Hospital of Philadelphia. From 1988 to 1990, she served as Chair of the Mayor's Commission for Women's Health Task Force for the City of Philadelphia. Ms. Jordan graduated from Seton Hall University with a B.S. in Nursing and received her Master of Nursing Science from the University of Medicine and Dentistry of New Jersey.

Bureau of Family Health - Director of the Division of Program Support and Coordination: Candace Johndrow
Ms. Johndrow graduated with a B.S. in Psychology from The Pennsylvania State University in 1995. She has worked in the Bureau of Family Health (BFH) for the past three years. In her current position, she acts as chief administrative officer and director of all BFH operations. Prior to assuming her present position, she administered multiple statewide programs benefiting young people with special needs. Prior to her tenure with the Bureau, she worked for a large community-based federal grantee

of family planning and related reproductive health care services, with administrative oversight of three regional STD/HIV programs. She had previously worked for several years as a residential supervisor at a treatment and program facility for children and young adults with severe physical and developmental disabilities.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Terry Hertzler, Central, DA as Data Manager
Jenny Smeltz, Central, P, DA as Fiscal Manager
Henrietta Smith, Central, P, DA as Contracts Manager

Bureau of Family Health - Director of the Division of Child and Adult Health Services: Carolyn Cass
Ms. Cass has worked in the field of public health for the past eight years. Prior to that, she worked in the field of behavioral health for over 15 years, primarily providing drug and alcohol treatment services for adolescents and individuals in the state hospital system. Ms. Cass has served as adjunct faculty at West Chester University since 1994, having served on the faculty at Temple University as well. Ms. Cass graduated with a B.S. in Criminal Justice and Corrections and a M.A. in Sociology from Ball State University, Muncie. In her current position, she is responsible for oversight and direction of most of the Title V programs.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Jane Wolfe, Central P, E, DA Administers Comprehensive Specialty Care Programs
Dawn Johnson, Central, P, E, DA Administers the Sickle Cell Disease Program
Joseph McLaughlin, Central, P, E, DA Administers the Childhood Lead Poisoning Prevention Program
Tony Norwood, Central, P, E, DA Administers the Childhood Lead Poisoning Surveillance Program
Milo Woodward, Central, P, E, DA as Supervisor of the Family Support Section
Ken Huling, Central, P, E, DA Administers Prenatal Systems Programs
Barbara Caboot, Central, P, E, DA Administers Child Services Programs
Phyllis Welborn, Central, P, E, DA Administers Adolescent Health Programs
Edward Spahr, Central, P, E, DA Administers CSHCN and Family Support Programs

Bureau of Family Health - Director of the Division of Community Systems Development and Outreach: Michelle Connors
Ms. Connors has been employed by the Department of Health since 1989. Ms. Connors graduated with a B.S. from Penn State University. She has functioned as an advocate for the elderly population, another group that has very "special needs". In her role as surveyor and supervisor in the Division of Nursing Care Facilities, she was responsible for the evaluation of the care provided in Pennsylvania's nursing homes. This role became the groundwork for the new position that she acquired in March 2002 with the Bureau of Family Health.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Jane Mitchell, Central, P, E, DA as Supervisor of the I&R Section responsible for the HHSCC
James Marchaman, Central, P, E, DA Quality Assurance and Monitoring for the HHSCC
Mary King-Maxey, Central, P, E, DA Coordinator of Operations for the HHSCC
Adeline Barwick, Central, P, E, DA Coordinator of the Community Systems Development Program
Wanda Godar, Central, P, E, DA Supervisor of the Media & Outreach Section
C. Sanderson, Central, P, E, DA Program Administrator for the Tourettes Syndrome Program

Bureau of Family Health - Director of the Division of Newborn Disease Prevention and Identification: Karen Espenshade
Ms. Espenshade has served the healthcare community for over 35 years, working in both the private

and government sector. She has served the Pennsylvania Department of Health since 2001. Ms. Espenshade is a registered nurse and has a B.S. in Business Management. She attained the rank of Captain in the United States Air Force while serving six years on active duty. Her experience extends to all areas of clinical nursing, practice management and consulting services. Her 16 years of hospital clinical experience includes obstetrics/gynecology, pediatrics, operating room and emergency services. Ms. Espenshade served as CEO for a cardiovascular surgery practice for 13 years and was President and CEO of Compliance Link, a medical practice consulting firm prior to entering state government.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Robert Staver, Central, P, E, DA as Program Manager, Hearing Screening and Genetics Section
Steven Horner, Central, P, E, DA, as Program Manager, Newborn Screening and Follow-up
Arthur Florio, Central, P, E, DA Administrator of the Hearing Screening Program
Kelly Holland, Central, P, E, DA Administrator of the Genetics Program

Bureau of Family Health - Director of the Division of WIC: Frank Maisano
Mr. Maisano has been with the WIC Program since 1981, first as the Director of WIC Fiscal Administration. In 1985, he assumed the role of Division Director. Mr. Maisano received his B.S. and M.S. degrees in Business Education from Shippensburg University. He has been recognized nationally by his peers for his leadership of the PA WIC Program over the years, most notably for his work on the funding formula, minimum data set, cost-containment initiatives, and implementation of the first web-based WIC data system.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Shirley H. Sword, Central, P, E, DA as Supervisor for the Planning and Review Section

Chief Counsel's Office - Bureau of Family Health Designated Attorney: Crystal Fox
Ms. Fox is the attorney assigned to the Bureau of Family Health (excepting WIC operations) from the Governor's Office of General Counsel. Ms. Fox has a number of years of Commonwealth administrative service experience, including a year spent in the Bureau of Family Health as the MCH Block Grant Coordinator, during which time she organized the preparation of the 2002 Annual Report/2004 Application. Ms. Fox's responsibilities include offering legal advice and assistance with grants and contracts, legislation and legislative issues, program operation and design, and any other legal issues that arise in the Bureau.

Bureau of Epidemiology - Bureau of Family Health Designated Epidemiologist: Godwin Obiri, Dr. P.H., M.S.
Dr. Godwin Obiri is currently the MCH epidemiologist providing scientific support to the BFH. Dr. Obiri served as Coordinator of the Pennsylvania WNV Surveillance and Control Program and as Cancer Epidemiologist for the statewide Breast and Cervical Cancer Program. He was Co-Chair of the Income Tax Checkoff Committee for Breast and Cervical Cancer Research and was also an HIV/AIDS epidemiologist with the New York City Department of Health. He served as a Special Adviser to the World Health Organization on "Methods for Community Diagnosis of Onchocerciasis to Guide Ivermectin-based Control in Africa." Dr. Obiri has received adjunct appointments from Columbia University School of Public Health, Lehman College, and Temple University.

Bureau of Community Health Systems - Director: Michael Huff
Mr. Huff as the Director of the Bureau of Community Health Systems administers the statewide implementation and evaluation of public health programs through a network of six health district offices and 57 health centers. Mr. Huff's previous positions with the Department include Director of the Breast and Cervical Cancer Early Detection Project, Director of the Division of Communicable Disease, Director of the Division of Chronic Disease Prevention, and Acting Director of the Office of

Public Health Preparedness. Prior to joining the Department, he held senior management positions in nursing and hospital administration in community health settings, clinical instructor for nursing care of the older adult and advanced surgical nursing, and was responsible for strategic development and program evaluation of cancer, cardiac and women's health services, as well as clinical positions in the areas of medical-surgical, critical care, and emergency trauma.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Jon Dale, Central, P, E, DA as Director of the Division of School Health
Mr. Dale has been Director of the Department of Health's Division of School Health since 1994. His office has overall responsibility for the administration of the statewide mandated school health program. His prior experience includes: 14 years with the Department of Health's Office of Drug and Alcohol Programs; 3 years with a private agency involved with employee assistance programs and professional training; 3 years experience in higher education as director of counseling services and instructor in human services courses. Mr. Dale obtained his B.A. from Mansfield State University and his M.S. from Shippensburg State University.

Bureau of Chronic Diseases and Injury Prevention (BCDIP) - Director: Leslie Best
Ms. Best currently serves as Director of the BCDIP overseeing statewide planning and implementation of health promotion and disease prevention programs. The BCDIP addresses heart disease and stroke, cancer, arthritis, diabetes, tobacco prevention and cessation, oral health, physical activity, and health education services. Previously, Ms. Best served in the Bureau of Health Planning, directing statewide programs to improve access to primary health care for underserved populations. Prior experience in the Department of Public Welfare includes responsibility for the statewide direction of the licensure of personal care homes. Ms. Best holds a bachelor's degree in social welfare from the Pennsylvania State University.

Employees in this Division that have Title V responsibilities: Name, Location, Responsibility for Planning (P), Evaluation (E), or Data Analysis (DA)

Teri Taschner, Central, P, E, DA Assistant Administrator of the Safe Kids Program

Five parents of children with special needs are on staff within the Bureau of Family Health. Four are involved in program administration, evaluation and data analysis. One provides administrative support to the Bureau.

E. STATE AGENCY COORDINATION

The Departments of Health and Public Welfare contract with four regional Family Health Councils to support family planning services at approximately 246 local clinics throughout Pennsylvania. Utilizing funding from four different sources, these State agencies pay for services through one integrated reimbursement system utilizing a common fee schedule. Funding sources include the Department of Health's Title V funding for teens 17 years of age and under, the Department of Public Welfare's Title XIX and Title XX funding, and State funding for breast cancer screening and women's medical services. The United States Department of Health and Human Services Title X funding is provided directly to the Councils.

Bureau of Family Health staff, along with staff from the Department of Public Welfare's Office of Medical Assistance Programs and the Insurance Department's Children's Health Insurance Program (CHIP), participate in bi-monthly Reaching Out Partnership meetings to identify and coordinate common interests relating to services for individuals receiving Title V, Title XIX, and Title XXI services. This interagency work group coordinates activities to achieve shared outcomes for these populations. These activities include refining the definition and eligibility criteria of populations served, sharing data, linking provided services, and sharing of respective agency needs assessment and

satisfaction survey data. This partnership has expanded beyond the three original Agencies to include all partner Agencies under the Health and Human Services Call Center.

Division of Community Systems Development and Outreach (CSDO) staff represents the Secretary of Health on the Pennsylvania Developmental Disabilities Council. Under its federal mandate, the Council's mission is to encourage and support the creation of an environment in which all citizens of Pennsylvania with developmental disabilities can thrive. As a Council member, the State Title V Agency participates in reviewing and responding to grant proposals submitted by community-based agencies interested in developing service systems for members of their local communities who are developmentally disabled. Representatives from the Departments of Public Welfare, Health, Labor and Industry, Aging and Education participate on the Council, whose members are by law composed of at least 50 percent individuals with developmental disabilities or their family members.

The Interagency Committee to Coordinate Services Provided to Individuals with Disabilities, The IDEA Memorandum of Understanding, was established by the Governor's Executive Order in 1998. This MOU is the underpinning of a collaborative work effort among the Departments of Labor and Industry Office of Vocational Rehabilitation, Public Welfare, Education, and Health to improve coordination of services to children across the Commonwealth. The PA Community on Transition, State Leadership Team carries out the intent of the MOU and works together in supporting the post-school outcomes for youth and young adults with disabilities transitioning into adult life. The mission of the Leadership Team is to build and support sustainable community partnerships that create opportunities for youth and young adults with disabilities to transition smoothly from secondary education to the post-secondary outcomes of competitive employment.

CSDO staff also represents the Secretary of Health on the Home and Community Based Services Stakeholder Planning Team. Under the "Olmstead" Supreme Court decision, this team was formed to advise the Secretary of Public Welfare on barriers to services and supports in the most integrated setting for individuals with disabilities of all ages. The team makes recommendations to eliminate those barriers and provide support to people to live independently, where they choose, engage in productive employment, and to participate fully in community life.

The Bureau administers renal, cystic fibrosis, spina bifida, phenylketonuria (PKU), and maple syrup urine disease (MSUD) pharmaceutical reimbursements through the Pennsylvania Department of Aging's Pharmaceutical Assistance Contracts for the Elderly (PACE) Program. The PACE Program is a large pharmaceutical assistance program for low-income Pennsylvania residents over age 55. The agreement with the Department of Aging allows the Bureau to take advantage of PACE's online pharmaceutical claims adjudication system, expands the number of accessible pharmacies, and consolidates pharmaceutical claims processing through a single administrative agency. The Department of Aging validates all requests for pharmaceuticals to assure quality and cost effectiveness.

The Bureau of Family Health is an active participant on the Tobacco Cessation among Women of Reproductive Age Action Learning Lab (ALL) Pennsylvania State Team. The team is headed by the Bureau of Chronic Disease and Injury Prevention's Division of Tobacco Control. This ALL is sponsored by the American College of Obstetrics and Gynecology. The goal of the ALL is to reduce smoking among all women of reproductive age, especially those who may be pregnant. The team is pulling a variety of stakeholders together to commence in the development of a statewide plan for smoking cessation among this population.

The Bureau of Family Health routinely partners with the Department of Public Welfare around its administration of several programs utilized by MCH populations. Programs include Medical Assistance (Pennsylvania Medicaid Program, EPSDT, and HealthChoices, the State's Medicaid managed care program); mental health and substance abuse services (services available to children and adults in conjunction with the Health Department's Bureau of Drug and Alcohol Programs); mental retardation and early intervention services; children, youth and families services including child welfare, adoption, and abuse investigation; and, other services (food stamps, TANF, and energy

assistance).

The Bureau of Family Health funds two full-time positions within the Division of School Health who act as liaisons to the Department of Education in its oversight of Pennsylvania's 501 school districts and 29 intermediate units. Six School Health Consultants, located in each of the Department's District Offices oversee over 2000 school nurses. These consultants coordinate all Health District program initiatives related to school health and collaborate with the Bureau in addressing school district health program issues.

The goal of Pennsylvania's Build Initiative is to construct a coordinated early care and learning system for children from birth to age five, drawing on collaboration from numerous agencies. These efforts are being led by an Early Learning Team assembled by the Governor's Office and including representatives from the Bureau of Family Health, and the Departments of Education, and Public Welfare. The Director of this effort is housed within the Pennsylvania Department of Education.

Beginning in State Fiscal Year (SFY) 1997/98, the Bureau of Drug and Alcohol Programs (BDAP) dispersed its Substance Abuse Prevention and Treatment Block Grant allocation for pregnant women and women with children to the state's 49 Single County Authorities. BDP has partnered with the Center for Substance Abuse Treatment (CSAT) of the Federal Substance Abuse and Mental Health Services Administration on a cooperative 5-year project (Screening, Brief Intervention, Referral and Treatment) to encourage health care providers to screen and provide advice or counseling to patients who misuse alcohol or other drugs. In addition, BDAP is working in cooperation with the Office of Mental Health and Substance Abuse Services (OMHSAS) to develop a system of care for individuals with co-occurring substance use and psychiatric disorders. BDAP implemented a pilot program for women offenders and their children in FY 04. The Women and Children's Halfway House program coordinates a multi-system approach to provide a community-based continuum of treatment, aftercare, and intensive case management services to women who are currently under state supervision and who have custody of their dependent children.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Health System Capacity Indicator #1: The rate of children hospitalized for asthma.

In September 2003, the Pennsylvania Department of Health in accordance with the Centers for Disease Control (CDC) was awarded a 3-year planning grant for asthma (approximately $600,000) to build infrastructure at the state level around asthma surveillance and related activities to include:
1. Convene a stakeholders group;
2. Draft a statewide asthma strategic plan; and,
3. Develop an asthma surveillance system.

In 2003 the Department of Health received funding from the U.S. Environmental Protection Agency to focus on activities to reduce children's exposure to second hand smoke, especially in vehicles.

In 2004 the Department of Health received funding for the Steps to a Healthier Pennsylvania program, funded by the federal Steps to a Healthier US initiative. The Steps initiative seeks to utilize an integrated approach to reduce the burden of asthma, diabetes, and obesity by focusing on three modifiable risk factors: poor nutrition, physical inactivity, and tobacco use.

In 2004, the Department of Health began a small-scale pilot project, the Asthma School Demonstration Project, in two school districts in the Commonwealth. This demonstration project intends to enhance the tracking of asthma, and to help better understand the role that environmental hazards, exposures, and triggers may play in asthma in Pennsylvania school children.

Health System Capacity Indicator #2: The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screen.

The Department of Public Welfare tracks and trends various Performance Measures derived from the Health Plan Employer Data and Information Set (HEDIS) and Pennsylvania performance measures that give us information about care provided to children. These cover a variety of areas, including well child visits, immunizations, and dental access.

Eighty-three percent of Medicaid managed care enrollees whose age is less than one year received at least one initial perodic screen in 2004. All Medical Assistance managed care organizations have a designated Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) Coordinator who must adhere to specific Department regulations as they relate to EPSDT examinations for individuals under the age of 21.

Health System Capacity Indicator #3: The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

The Pennsylvania CHIP Program began in 1992 as a statewide presence in providing health insurance to the Commonwealth's children. CHIP provided a comprehensive benefit package for 134,885 children whose families earn too much to qualify for medical assistance but not enough to purchase private health insurance in calendar year 2004. Four percent of children are uninsured in the state of Pennsylvania.

Health System Capacity Indicator #4: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

The Bureau of Family Health funds a variety of educational programs and outreach methods designated to reach women of reproductive age.

The Department of Public Welfare tracks and trends various performance measures derived from HEDIS and Pennsylvania performance measures that provide additional information about prenatal care to members.

All enrollees in the managed care organizations have prenatal case management programs that focus on early identification of pregnant women and getting them into care. Case management stratifies members based on their prenatal risk assessment. As a result, outreach is conducted accordingly with at least one visit per month. Members receive an initial prenatal care package that includes education information and recommended appointment schedules and reminders mailed throughout the course of the pregnancy. Case managers help schedule and facilitate interdisciplinary health care appointments and transportation if needed. All of the MCOs have partnerships with local community organizations and participate in regional prenatal projects.

BFH analysis of birth data to identify trends and disparities will be reflected in the 2006-07 Block Grant Application.

Health System Capacity Indicator #5: Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the state.

Although we do not have statewide data on this indicator, several of the county and municipal health departments have initiated a continuous quality-improvement process to analyze fetal/infant mortality to address disparity between black and white babies. They are analyzing their own Medicare and Medicaid data.

Health System Capacity Indicator #6: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.

Approximately 239,000 Pennsylvania residents under age 18 do not have any type of health insurance coverage. Forty-nine percent of the uninsured are between the ages of 18 and 34. Non-

Hispanic black and Hispanic women are more likely to be uninsured than other women.

Health System Capacity Indicator #7: The percent of EPSDT eligible children aged six through nine years who have received any dental services during the year.

37.9 percent of EPSDT eligible children aged six through nine years received dental services during 2004. Access to dental care continues to be a challenge for both the Department of Health and Department of Welfare. The Medical Assistance MCOs are working closely with the Department of Public Welfare and the provider community to increase network capacity and access and availability to dental care.

Health System Capacity Indicator #8: The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program.

Rehabilitation services for children who are SSI beneficiaries are typically available through the Medical Assistance program. SSI-eligible clients are advised by the Bureau's CSHCN categorical programs to apply for Medical Assistance before they are found to be eligible for the payer-of-last-resort Title V funding.

Health System Capacity Indicator #9A: The ability of States to assure that the Maternal and Child Health Program and Title V Agency have access to policy and program relevant information and data.

Pennsylvania does not participate in the Pregnancy Risk Assessment Monitoring System (PRAMS), the ongoing population-based survey. Rather, Pennsylvania utilizes the Pediatric Nutrition Surveillance System (PEDNSS), which is a WIC-based nutritional surveillance survey tool that is used in Maternal and Child Health planning.

Health System Capacity Indicator #9B: The ability of States to determine the percent of adolescents in grades nine through twelve who report using tobacco products in the past month.

In April 2001, a Teen Tobacco Summit was held. Pennsylvania teens met to create a statewide youth movement when 400 youth joined forces in Harrisburg City to talk about the tobacco industry's manipulation of teens. Teens branded their movement as "BUSTED". In the next year, the teens recruited their peers into the movement and organized prevention assembly programs, established smoke-free campaigns and conducted local-level compliance checks. They coordinated events for Kick Butts Day. In April 2002, the teens held a rally at the Capitol where they unveiled the BUSTED logo. In June 2002, the teens held their first regional meeting where they shared BUSTED experiences and learned about advocacy and what Pennsylvania youth can do to support tobacco prevention. Teens executed a Compliance Alliance initiative and brainstormed to discuss upcoming activities. In July 2002, the pabusted.com website was launched to provide basic information on the movement, its history as well as a place to contact for more information. The BUSTED movement continues with the recruitment for a youth advisory board and a statewide summit.

While Pennsylvania does not currently participate statewide in the Youth Behavior Risk Surveillance Survey, the Governor has agreed to implement a statewide youth survey through the Gallop organization to collect data on adolescent behavior. It is estimated that 2000 teens will be surveyed.

Health System Capacity Indicator #9C: The ability of States to determine the percent of children who are obese or overweight.

Obesity has been identified as one of the major public health problems in this country. Nationally, 15.3 percent of children aged 6-11 years and 15.5 percent of adolescents aged 12-19 years were considered overweight in 1999-2000 (National Health and Nutrition Examination Survey). In 2002, the Department of Health conducted an assessment of overweight youth in Pennsylvania. Based on the assessment, it was found that 18.2 percent of eighth graders are overweight and 17 percent are at risk of becoming overweight. Furthermore, 27 percent of low-income children between two and five

years of age in Pennsylvania are overweight or at risk of becoming overweight (CDC PedNSS, 2002).

Current school health laws and regulations in Pennsylvania require that a school nurse or teacher conduct height and weight measurements of students annually and that every effort be made to determine the pattern of growth for each child. The revised procedures go one step further by requiring that height and weight measurements are used to calculate Body Mass Index (BMI), which is plotted on growth charts developed by the Centers for Disease Control and Prevention (CDC).

The Department uses funds to provide resources to systematically increase the number of school districts that implement the CDC's coordinated school health model, thus providing training to health-care professionals on methods to identify and treat overweight children. This training brings together public health professionals and community leaders to design and plan community environments that support healthy eating and physical activity. The Department works with state and local partners who have identified nutrition, physical activity, and obesity as a priority and mobilizes communities and organizations to implement nutrition, physical activity, and obesity prevention and control strategies. The Department's nutrition and physical activity programs conduct essential public health services to monitor the prevalence of obesity, risk factors for nutrition and physical activity, and obesity co-morbidities in Pennsylvania (www.health.state.pa.us).

Health Status Indicator

Health Status Indicator #5A: The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

Health Status Indicator #5B: The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

Chlamydia case rates have increased steadily from 2000 to 2004. The rates have increased for a number of reasons including:

· Improved disease reporting by laboratories and providers
· Increased use of more sensitive and specific amplified chlamydia test technologies
· Increased number of patients screened

All STD program reports are entered into the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS) that enables automated case management, monitoring and reporting. With the ongoing utilization, enhancement and evolution of PA-NEDSS, as a reportable disease surveillance system, the Commonwealth has realized improved surveillance of case reporting and treatment. In addition, the increased utilization of non-invasive urine based specimens to identify Chlamydia has increased the number of reportable positive males and females.

Screening, Counseling and Treatment Provided

The PA STD Program targets chlamydia screening to young sexually active women and men. This is done through the provision of chlamydia screening in approximately 148 family planning clinics, and 87 STD clinical service sites. Counseling and education is conducted when chlamydia specimens are collected. When a test result is positive, that information is conveyed with additional counseling and treatment. Counseling includes information regarding abstinence, monogamy, and the usage of a male or female condom with each and every sex act.

The PA STD Program participates in the federal Region III Infertility Prevention Project. Data is submitted quarterly to the Regional Database regarding the number of patients screened, positivity, and key demographics. The STD Program utilizes the positivity data to conduct analysis and make data driven decisions for screening in high and low prevalence venues.

Raising Awareness

To expand testing in the private sector, the PA Infertility Prevention Project Area has worked with the Pennsylvania Chapter of the American College of Obstetrics and Gynecology (PAACOG) and the Pennsylvania Chapter of American Academy of Pediatrics (PAAAP) to publish articles in their newsletters regarding chlamydia infections in young people and the importance of screening young women at the time of an annual pelvic exam.

The STD Program developed an ethnically diverse poster for young people in CY 2004. The poster promotes the message that young people with STDs cannot be identified merely by their appearance, and to prevent STDs one must be abstinent, or if sexually active, use a condom. STD field staff distributes these posters when conducting presentations on high school campuses.

In April 2005, the STD Program arranged for television news coverage of chlamydia screening during STD Awareness Month on college campuses following spring break. It was a feature story on a local Central Pennsylvania news broadcast. The news station made the article available on their web site and provided a link to the STD web page on the Department of Health's web site (www.health.state.pa.us).

In March 2005, the seven colleges participating in the post spring break screening program, published articles in their college newspapers about STDs on college campuses, including prevention messages, and where and when students could get screened at their campus health centers.

Similarly, the Division of HIV/AIDS in conjunction with the Bureau of Family Health will increase targeting prevention efforts and community education initiatives to existing Ryan White grantees. Pennsylvania Department of Health Bureau of Communicable Disease spent 31% of their funds on women at risk for HIV/AIDS;. Ryan White contractors and county/municipal health departments have received training on the "SISTAS" prevention education model for African-American women and the Department continues to support a women's prevention project in the Lehigh Valley that targets predominately African-American and Hispanic women.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The Pennsylvania Department of Health, Bureau of Family Health contracted with Health Systems Research, Inc. to conduct a five-year statewide assessment of maternal, child, and family health. The purpose of this assessment of maternal, child, and family health is to gather and present up-to-date information about the health and well being of the women, infants, children, children with special health care needs (CSHCN), and families residing in the Commonwealth. The information will be used to guide policies and services to promote the health and well being of children and families and to facilitate the appropriate and effective allocation of resources. The assessment is designed to be useful to all those in Pennsylvania concerned with the health and well being of the State's mothers, infants, children, youth, and CSHCN. The assessment was conducted under the auspices of the Federal Title V Maternal Child Health (MCH) Program in accordance with its mandate to the States to conduct an in depth maternal child needs and capacity assessment every five years.

In addition to the 18 National Performance Measures, the Bureau of Family Health senior management staff in collaboration with advisory council members and family members have identified the following priorities, which are consistent with recommendations contained in the Needs Assessment. These priorities have been translated into Pennsylvania's State Performance Measures. These measures will enable the state to monitor progress related to MCH priorities.

The State Performance Measures include the following:

1. To reduce proportion of all live births with low birth weight;
2. To reduce the rate of motor vehicle crashes caused by teen drinking drivers ages (17-19);
3. To increase the percent of pregnant women who receive early and adequate prenatal care;
4. To increase the percentage of WIC enrolled mothers who breastfeed their infants for at least the first six months of life;
5. To increase the percentage of callers to the SKN who received at least one referral to resources;
6. To reduce the infant death rate due to SIDS and accidental suffocation and strangulation in bed;
7. To increase the percentage of children ages (1-2 yrs) screened for lead poisoning; and,
8. To reduce childhood obesity.

B. STATE PRIORITIES

The Bureau of Family Health's priorities are as follows:

Addressing disparities in the rates of low birth weight and premature birth (relates to NPM #15 and SPM #01):

The United States continues to have a high incidence of infant mortality, ranking 28th internationally. It is a well-known fact that babies are more often at risk of dying in their first year of life if born premature. Furthermore, the risk for non-white babies is disproportionately higher than for white babies.

The Needs Analysis suggests that like other states, Pennsylvania is experiencing significant racial/ethnic disparities in perinatal outcomes. Although overall pregnancy outcome indicators are generally in line with national rates, for some population groups, namely black and Hispanic women, rates of low birth weight and premature birth are of concern. The assessment data indicates that for the most part, women at risk of poor outcomes reside in particular areas of the State.

Low birth weight babies are more likely to die than full term babies. As a result of interruption of fetal maturation or growth potential at a given gestational age, these babies are at increased risk for poor outcomes. Research has established a high correlation between the incidence of low birth weight babies, infant mortality and specific socio-economic and demographic factors. These factors include,

among others, race, poverty, and the availability and utilization of maternity care services.

Infant mortality rates have declined in Pennsylvania over the last two decades for white and black infants. However, per 2003 data, the black infant death rate was over two and a half times as high as that for whites. The percentage of babies born with low birth weight decreased slightly from 8.2 percent in 2002 to 8.1 percent in 2003.

Decreasing Alcohol Related Driving Morbidity and Mortality among Teens (relates to SPM #02):

Motor vehicle crashes are a leading cause of death among youth, especially teenagers. According to the National Highway Traffic Safety Administration, while the number of highway deaths overall rose 0.4 percent in 2003, fatalities in crashes involving drivers ages 16 through 20 rose 1.3 percent. Teenage drivers are involved in fatal crashes at twice the rate of drivers overall, and have a fatality rate four times that of drivers ages 25-29.

Approximately three in every ten persons in the United States will be involved in an alcohol-related motor vehicle crash in their lifetime. Fatal injuries caused by motor vehicle crashes in which a driver, occupant or non-occupant was under the influence of alcohol remains a serious problem in Pennsylvania.

In order to reduce mortality and morbidity from alcohol related teen driving deaths, the Bureau of Family Health will work across state agencies to coordinate activities with the Safe Kids Coalition, the PA Department of Transportation, the PA Liquor Control Board, and the Bureau of Drug and Alcohol Programs in FY 05-06 to launch a statewide multimedia campaign.

Maintaining Statewide Access to Prenatal Care and Labor and Delivery Services (relates to NPM #18 and SPM #03):

According to the MCH Needs Analysis the status and distribution of perinatal systems throughout the Commonwealth are unclear given the reduction in the number of obstetrical beds and uncertainty about the availability of and access to obstetrical care across the State.

Infant mortality and morbidity statistics are sensitive indicators of the utilization of obstetrical services in a population where socio-economic factors play a role in health care. Access to transportation across the state may inhibit mobility and access to maternity services. In addition, the cost of transit fare, where available, may place limitations on a pregnant woman's access in urban and rural areas in the state. Pennsylvania has ten county and municipal Health Districts strategically located across the state; however, Pennsylvania experienced a decline in the number of birthing facilities for maternity services from 148 in 1997 to 126 in 2005. Currently, data gathering by various stakeholders including State and local government officials and professional organizations is underway to determine the impact on obstetrical services in the Commonwealth.

Enrolling WIC participants who breastfeed their infants (relates to NPM #11 and SPM #04):

The public health benefits of breastfeeding have been extensively documented. Experts agree that breastfeeding is the optimal way to feed infants. Breastfeeding significantly promotes infant and maternal immediate and long-term health, decreases the frequency of doctor visits, hospitalizations, and medication utilization and thereby lowers medical costs. As a result, the decision to breastfeed is of significant importance to the newborn child, the mother, and the public health and healthcare system.

CDC's National Immunization Survey, which collects data on breastfeeding practices, indicates that in 2003 nationally 71 percent of women initiated breastfeeding at the birth of their baby. In Pennsylvania in 2003, 64 percent of women initiated breastfeeding. This same survey found that in 2003, nationally 36 percent of women were still doing some breastfeeding (only 14 percent were doing it exclusively); while in Pennsylvania 31 percent were breastfeeding at 6 months (13 percent doing so exclusively).

Increasing Coordination of Programs Serving CSHCN (relates to NPM #04, #05, #06, #13 and SPM #5):

The BFH has developed an extraordinary array of program components designed to serve the Commonwealth's CSHCN and their families. These programs include the hospital-based family consultants, the SKN Help line and Community System Development Program, the Parent to Parent Network, and the District CSHCN consultants. However the assessment data suggests that the coordination between these components is at best, uneven, resulting in fragmented service delivery. This fragmentation is also a barrier to the effective use of available resources. The BFH is also committed to developing creative and evidence based programs targeting the needs of older CSHCN including preadolescents, adolescents and young adults. In response to these findings, the Division of Community Systems Development and Outreach will develop a statewide correction action plan for FY 05-06.

In response to the Title V Needs Assessment, the Special Kids Network is implementing a series of activities to improve caller satisfaction and constituent services for CSHCNs in the Commonwealth of PA. The primary goal is to provide quality consumer services in a cost-efficient manner. This goal is accomplished by establishing outcomes that can be met within a designated timeframe through multi-disciplinary collaboration.

Promoting Smoking Cessation in Pregnancy (relates to SPM #06):
Smoking during pregnancy is clearly linked to fetal and infant deaths. Infants born to mothers who smoked while pregnant have three times the risk of Sudden Infant Death Syndrome. In addition, smoking can result in low birth-weight and premature birth. According to a report from the Surgeon General, in 20 percent of low birth-weight births, eliminating smoking during pregnancy could have prevented 8 percent of preterm deliveries, and 5 percent of all prenatal infant deaths.

Among the 50 largest cities in the United States, Pittsburgh has the highest rate of pregnant women who smoke in the nation. According to a survey conducted by the Annie E. Casey Foundation, 23.3 percent of women who gave birth in Pittsburgh reported they smoked during pregnancy in 2000. Pittsburgh has held this ranking for ten out of the last eleven years according to the survey (KIDS COUNT Special Report Annie E. Casey Foundation, 1998). Although rates are particularly high in Pittsburgh, high rates of smoking during pregnancy in Pennsylvania are not confined to this region. According to the Casey Report, Philadelphia ranked 30th out of 50 cities with 14 percent of mothers smoking during pregnancy. Rates are also troubling in many rural counties: in York County, the figure is close to 22 percent, in Clinton County, 30 percent, in Venango County, 33.4 percent, and in Greene County, 33.6 percent (The State of the Child in Pennsylvania: 2002).

The Bureau of Family Health collaborated with the Department of Public Welfare Office of Medical Assistance Programs to develop interventions targeting pregnant women and providers through a multifaceted action plan consisting of, but not limited to, interventions that will increase awareness of the dangers of smoking while pregnant and raising the awareness of the ill effects of smoking around children of all ages, especially newborns.

Increasing Access to Childhood Lead Screening (relates to SPM #07):
Lead poisoning is a preventable environmental health problem, which affects many people across the Commonwealth in a variety of ways. However, children are the most susceptible to adverse health, neurological and behavioral reactions from exposure to lead because their nervous systems and brains are still developing. Lead poisoning can cause mental retardation, learning disabilities, and behavioral problems in children. High blood lead levels can cause seizures, coma, and even death.

Risk factors contributing to lead poisoning in children include the child's age, socio-economic status and age and condition of the child's primary residence. Pennsylvania, like other states, is not immune to these factors.

According to the Centers for Disease Control and Prevention (CDC), Pennsylvania ranks fifth in the United States for the estimated number of children with elevated blood lead levels. In addition, based on the CDC's estimate of the number of children with elevated blood lead levels in cities, Pennsylvania was identified to have four cities in the top 129. In cities such as Philadelphia, Pittsburgh, and Erie, large numbers of children who are below the poverty level live in older, deteriorating housing. In several smaller cities such as Allentown, Bethlehem, and York there are concentrations of high-risk housing placing children who reside in these homes at increased risk for lead exposure.

The amount of lead in paint is much greater in older homes. Pennsylvania ranks second in the nation in terms of the number of units of pre-1950 housing (2,113,422 units) after the state of New York. While lead was banned from house paint in 1978, it remains in millions of homes across the country. Based on the 2000 Census, it is estimated that 4,029,533 (77 percent) of all housing units in Pennsylvania were built before 1978. The housing stock in Pennsylvania consists of 80 percent residential units built prior to the year 1980, 55 percent built prior to the year 1960, 40 percent built prior to the year 1950, and 30 percent built prior to 1940.

By utilizing PA-NEDSS, a sophisticated, web-based, disease reporting application, various surveillance initiatives can be implemented to monitor, track and analyze childhood blood lead levels across Pennsylvania. Additionally, the Pennsylvania Childhood Lead Poisoning Prevention Program, in conjunction with the Philadelphia Department of Public Health, developed a comprehensive Lead Elimination Plan designed to eradicate childhood lead poisoning by 2010. This Lead Elimination Plan recommends universal screening of all children at ages one and two and for all children age three through six without a confirmed prior lead blood test.

Reducing Childhood Obesity (relates to SPM #08)

Obesity is a leading cause of preventable death in the United States and is second only to tobacco use. Childhood obesity is a national epidemic. In children ages six to eighteen years, the prevalence of being overweight (defined as BMI greater than 95 percentile) is 15.4 percent and is increasing rapidly, especially in children of color. Furthermore, an additional 15 percent are at risk for becoming overweight (defined as BMI greater or equal to 85th percentile but less than 95th percentile). The numbers in Pennsylvania are even more alarming with 27% of low-income children between two and five years of age in Pennsylvania being overweight or at risk of becoming overweight (CDC PedNSS, 2002). According to the Pennsylvania Assessment of Overweight Children and Youth report in 2002, 18.2 percent of eighth graders are overweight and an additional 17 percent are at risk of becoming overweight.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0			100.0	100.0

Numerator	145874			195	226
Denominator	145874	143972	142972	195	226
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

FY 2001 is calendar year data. This data is corrected: The denominator is final 2001 birth data from the Department of Health, Bureau of Health Statistics and Research. Because TVIS will not allow us to enter a larger numerator than denominator, we are unable to report the only number we have available for newborns screened: 148,939. This number is the number of specimens submitted for evaluation. It exceeds the denominator because the number includes repeat filter papers on infants who may have had several paper specimens taken. FY 2001 and earlier were based on the following performance measure: The percent of infants who are screened for conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and receive appropriate follow up and referral as defined by their State. (National Newborn Screening and Genetic Resource Center)

FY 2002 data: Performance measure has changed. No data yet available for 2002.

Notes - 2003

2003 data are estimates based on 2002 and 2004 data. 2003 data are not available.

Notes - 2004

The numerator is patients needing treatment that received treatment (D- form 6). The denominator is the number of confirmed cases (C-form 6).

a. Last Year's Accomplishments

During Fiscal Year 2004, The Pennsylvania Newborn Screening Program (PNSP) continued to screen all newborns born in Pennsylvania, except those opting out for religious reasons, for six inborn errors of chemistry as listed on Form 6.

Currently 99.3 percent of Pennsylvania newborns receive screening for over thirty additional conditions through the supplemental screening program, offered to parents by birthing facilities. Act 47 of 2004 passed in December and amends the Newborn Child Testing Act, Act 86 of 1992, allowing health care facilities to chose alternative certified laboratories to perform the newborn screening tests. Pennsylvania health care submitters are sending the newborn screening specimens to two laboratories. The PNSP provided screening on 143,414 filter papers. During 2004, 226 newborns were diagnosed with one of the six state-mandated conditions. The following conditions were diagnosed: 66 congenital hypothyroidism, 11 congenital adrenal hyperplasia, 83 hemoglobinopathies, 26 phenylketonuria, 2 maple syrup urine disease, and 38 galactosemia.

The PA Newborn Screening and Follow-Up Program's Nursing Services Consultants provided follow-up services on abnormal test results from two laboratories for the six state-mandated conditions and referred newborns with positive test results to one of four treatment centers. Through state appropriated funding, the PNSP supported four metabolic treatment centers that provide: (1) consultation services; (2) confirmatory testing; (3) patient and family education; and (4) care coordination and case management.The Genetics Program also funded six hospitals to provide genetic counseling services to families of newborns diagnosed with inborn errors of chemistry or to families at risk.

The PA FORE Families project continued building a statewide birth defects database from birth certificate data and hospital discharge data records and continued sending rack cards and linkage letters to parents residing in the four county pilot area. During the one-year pilot, the BFH also sent 18,873 rack cards and provided follow-up for responses received from the mailings. Seventy-six responses were received from the 611 linkage letters mailed to parents of children identified with congenital anomalies. From these responses, and subsequent contact with parents and families, 45 children not previously receiving services were referred.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Specimen collection	X			
2. Laboratory testing	X			
3. Diagnostic evaluation	X			
4. Treatment	X			
5. Follow-up		X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The BFH is collecting and analyzing data regarding the costs that would be incurred if the Department would mandate additional screening of newborns from the current six state-mandated conditions to the 29 uniform conditions panel and 25 reportable conditions recommended by the American College of Medical Genetics.

The PNSP is collaborating with the Newborn Screening Technical Advisory Committee and The March of Dimes, who is leading a campaign nationally, as well as within Pennsylvania, to screen and report additional newborn genetic conditions.

A Newborn Screening Stakeholders Meeting was held on December 14, 2004. Participants included genetic experts, interested practitioners, and community groups in the field of newborn screening who discussed the current status of newborn screening in Pennsylvania and brainstormed a new vision for newborn screening.

On July 28-30, 2004, the Federal Newborn Screening Technical Assistance Review Team conducted an assessment of the Pennsylvania Newborn Screening and Follow-up Program consisting of program staff interviews, conference calls with treatment centers and physicians, and on-site visits to local hospitals to meet with newborn nursery staff. Program staff is incorporating the assessment recommendations and observations into future planning.

The Bureau prepared an evaluation report of the PA FORE Families project, with recommendations to continue and improve the program. The Department will continue to build a birth defects surveillance database and will use new and improved methods to provide earlier linkage to health care services and early intervention programs for newborns and children with birth defects. Efforts will also be made to provide statewide education and outreach about

available services and programs to assist children with birth defects. The Secretary of Health approved the continuation of the pilot project in the four county area of southeastern Pennsylvania for another twelve months.

The Newborn Screening and Follow-up Program and the Newborn Hearing Screening Program worked together to enhance educational materials and consolidated each program's brochure into one brochure explaining all PA screening services for newborns. The brochure is now available in Spanish.

c. Plan for the Coming Year

The Pennsylvania Newborn Screening Program (PNSP) plans to integrate the Newborn Screening and Follow-up, Newborn Hearing Screening, Genetics, and Sickle Cell Programs housed in the Bureau of Family Health in regards to providing prompt screening, interventions, counseling, and access to quality health care services for eligible clients.

The PNSP is improving the availability of data for the Program through development of an integrated web-based data system involving the Newborn Screening and Follow-up and Newborn Hearing Screening Programs. The new web-based system will have enhancements for reporting and measurement tools to provide program evaluation and outcomes. Projected time for implementation is Summer of 2005. The PNSP is collaborating with the Hospital Association of Pennsylvania and ten Pennsylvania hospitals to develop a hospital user group, which assists the Program in designing a system for hospitals to report data and access newborn screening results.

The PNSP is modifying its Healthy People 2010 objective that specifically focuses on eliminating disparities in health and health care. Beginning in January of 2005, PNSP began developing a baseline for the number of children screened in Pennsylvania by having Pennsylvania hospitals and nurse midwives report to the Department the number of live births, the number of newborns screened, and the number of newborns not screened due to religious reasons and expiring prior to screening.

The PNSP is collaborating with the Bureau of Community Health Systems and metabolic treatment centers to implement a statewide PKU/MSUD Pharmacy Program on July 1, 2005, allowing PKU and MSUD clients to receive their PKU and MSUD formula at local pharmacies near their place of residence. The administration of the medical foods program focuses on easy client access to formula and improved customer service.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				65	67
Annual Indicator			64.8	64.8	64.8

Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	69	71	73	73	73

Notes - 2002

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Healthcare Needs, 2001. Numerator and denominator not available.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

In 2004, over 500 Pennsylvania children diagnosed with epilepsy or seizure disorder and their families were assisted by the Department's two Epilepsy grantees with services such as phone consultations, support groups, advocacy during the development of Individualized Education Plans with school staff, and the provision of day and summer camps for recreation. Family representation is evident at all levels of service provision by the contractors, from board/committee participation to presence at all meetings related to their children.

The Tourette Foundation served 252 children and sent family packets of Tourette Syndrome (TS) information and Pennsylvania Tourette Syndrome Association (PTSA) service information across Pennsylvania. Parents of children with TS attended and participated at the PTSA board meetings, workshops, conferences, in-services, and Legislative Breakfasts.

The Parent-to-Parent Program (P2P) provided resource information and support to approximately 1,072 CSHCN and their families. Five hundred and thirty six peer mentors who are parents of CSHCN were matched with parents contacting the P2P for information or support. The special needs consultants received 225 parent/caller referrals. P2P coordinated referrals from the Special Kids Network and the Family Consultant Program and referred an additional 634 parents to services outside of the Bureau of Family Health. The P2P Advisory Board is comprised of a minimum of ten parents or family members with CSHCN whose role is to provide the program with their perspective toward meeting overall mission, goals, and objectives.

The Bureau's Family Consultant Program uses parents of CSHCN employed as Family Consultants in four of Pennsylvania's tertiary Children's Hospitals serving CSHCN. The Family Consultants provided consultation, resource information and support to families with special needs children while hospitalized. Family consultants provide monthly in-service training to hospital staff. In 2004, 2920 families received services from the four Family Consultants. The Bureau's Grant Agreements with the four Children's Hospitals participating in the Family Consultant Program requires that each hospital develops Parent Advisory Committees to utilize parents of CSHCN to advance the delivery of family-centered care in their facilities and to increase parent involvement in decision-making.

The SKN collaborated with community-based agencies and families of CSHCNs on projects aimed at developing playgrounds and camps that were inclusive of CSHCNs.

A Medical Home Index for Families has also been developed by the Center for Medical Home Improvement measuring family participation in decision-making regarding the care of their CSHCN. Families completing the Index report increased levels of satisfaction with the delivery of care to their CSHCN from physician practice participating in the medical Home Training program and increased family satisfaction with the care delivered to CSHCN.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Parent to Parent of Pennsylvania		X		
2. PA Family Consultant Program		X		
3. Family Health Advisory Council				X
4. PA Recreation & Leisure Line for Individuals with Disabilities				X
5. Special Kids Network/Community Systems Development				X
6. Sudden Infant Death Syndrome Program		X		
7. Medical Home Integrated Care Coordination Initiative	X			X
8. Special Healthcare Needs Consultants	X	X	X	
9.				
10.				

b. Current Activities

The Pennsylvania Tourette Syndrome Association evaluates all outreach services that are conducted.

The Family Consultant Program continues to encourage the development of Family Advisory committees at each of the Children Hospitals in the state. Interest and support for committee activities has been demonstrated where Family Advisory Committees have been established. Each hospital has developed Parent Advisory Committees using voluntary parent participation. These committees vary in composition, meet usually quarterly with representatives of hospital care committees, providing their perspective on the delivery of family-centered care. The hospitals generally conduct their own satisfaction surveys.

The launch of the Health and Human Services Call Center (HHSCC) on August 1, 2004 included the Special Kids Network (SKN), and the Recreation and Leisure Line (R&L) for individuals of all ages with disabilities. The new contractor, Policy Studies, Inc (PSI) transferred data into a customized, comprehensive database. The HHSCC will expand services available to SKN and R&L callers. A caller can now receive services from a variety of programs, under a one-stop regime. They include lead, breastfeeding, and child and adult health insurance information. This responds to families' requests to access more informational with greater efficiency. Some enhancements as a result of centralization for SKN and R&L include web accessible data, the ability to track services when a caller is transferred to another program within the call center (counting the number of events and which programs served the caller), cross-trained Information and Referral Specialists (IRS) and a quality assurance process that assesses and assures individual IRS performance. In addition, a generic agency profile is being developed. Provider data will be collected uniformly across programs, including specific information germane to individual programs. Also, providers will be able to update their

information online by accessing a secured web based file. During the current year, the children with special health care needs (CSHCN) program has received feedback during the Title V Needs and Capacity Assessment process. Increased access to information as well as participating in the decision making process continue to be pressing needs for the families of CSHCN. Therefore, the Division of Community Systems Development and Outreach is embarking on a stakeholder planning initiative that convenes essential stakeholders, among whom families are paramount, on a quarterly basis to plan implement necessary changes to existing and new programs for CSHCN.

The information and referral (I&R) function of the SKN was restructured from a regional service and consolidated as part of the HHSCC. The Community Systems Development function of SKN continues its regional presence working with local communities to develop projects to build capacity to serve CSHCN.

c. Plan for the Coming Year

Following recommendations resulting from the Title V MCH Needs and Capacity Assessment, the Special Kids Network plans to help families:

1. Obtain and use all the primary and preventive services used by typical children;
2. Use the full range of services to maintain or improve their health or prevent/delay problems;
3. Use appropriate out of home childcare and educational services;
4. Enhance adolescents with special health care needs' ability to receive transition services;
5. Enhance families of children with special health care needs (CSHCN) access and use of services to promote their well-being and manage their condition/disability;
6. Convene CSHCN stakeholder meetings on a quarterly basis; and,
7. Learn more about how to develop and establish Family Voices in PA with Parent-to-Parent.

The Parent-to-Parent Program is developing new procedures for parent matching, mentoring and follow-up on completed matches with a survey tool to determine satisfaction with their services.

It has been a routine to query callers to the Special Kids Network as well as other Department of Health Lines such as Healthy Baby and Healthy Kids, to ascertain their satisfaction with the service provided to them. This routine will continue and plans for a survey are now being finalized to gain such feedback. Based on the fact that the SKN was changed from a regionalized to centralized concept and many of the Information and Referral staff are newly employed, it has been determined that each and every caller who has provided contact name and address, will be sent a satisfaction survey. The current contractor, Policy Studies Inc, will mail the surveys out and results forwarded and evaluated by Bureau of Family Health Staff. Based on the results of the study, remedial training will be conducted and any adjustments deemed necessary to the help line database, will be performed.

In 2005, an evaluation plan was developed by the University of Pittsburgh to determine the effectiveness of the school services provided through the Epilepsy Support Services Program. Data will be collected and analyzed in collaboration with our Epidemiology staff and will be used to further dictate the type and frequency of outreach needed in the school setting. Family members have assisted in the review of all evaluation materials. Plan implementation will start with the coming 05-06 school year.

The Pennsylvania Tourette Syndrome Association plans to continue and/or modify services and programs based on feedback received from evaluations.

The Medical Home Training Program will continue to assess the competency of participants using the Medial Home Index Analysis Tool designed by the Center for Medical Home

Improvement Program (CMIP). Reports of this analysis indicate greater competency of participating physicians and increased family satisfaction with the care delivered to CSHCN.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				52	54
Annual Indicator			51.2	51.2	51.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	52	53	54	54	54

Notes - 2002

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Healthcare Needs, 2001. Numerator and denominator not available.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

The Medical Home Training Program, which is collaboratively sponsored and operated by the BFH and the Pennsylvania Chapter of the American Academy of Pediatrics, provided training to 16 physician practices using the American Academy of Pediatric medical home curriculum, modified for Pennsylvania's physician practices. The training program was provided to 102 physicians, 19 nurse practitioners, 122 nurses and 36 family advisors in urban, rural, and suburban physician practices. The physician practices participating in the EPIC-IC medical home training program provided medical homes for 4,000 (approximately one percent of the CSHCN identified in Pennsylvania in 2001 by the National Survey of Children with Special Needs) children and youth with special health care needs in 18 counties throughout the state. According to the SLAITS Survey (2001), 13.8 percent (approximately 52,400) of CSHCN were uninsured. 327,700 CSHCN, or 86.4 percent of the population, do have medical homes, based upon the data provided from the SLAITS Survey (2001).

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Integrated Care Coordination Initiative				X
2. Comprehensive Specialty Care Programs				X
3. Early Childhood Education Linkage System (ECELS)	X	X	X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Medical Home Training Program will continue to provide training to physician practices to increase the number and percentage of practices providing a medical home for CSHCN age 0 to 18.

The BFH is developing and supporting an integrated care coordination service model. These services integrate practice-based services from seven physician practices that have demonstrated high levels of competency with community-based care provided by the Pennsylvania Elks Home Services Program.

c. Plan for the Coming Year

The Medical Home Training Program goal is to increase the number of participating physician practices to 34, with 16 of the practices providing integrated care coordination services by 2007. The number of children and youth receiving comprehensive care through a medical home is projected to increase by 50 percent (6,000) as a result in this increase in training.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				62	64
Annual Indicator			61.4	61.4	61.4
Numerator					

Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	66	68	70	70	70

Notes - 2002

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Healthcare Needs, 2001. Numerator and denominator not available.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

The new Health and Human Services Call Center (HHSCC) started taking calls on August 1, 2004 for all programs but the Traumatic Brain Injury Line. Each help lines' database was converted into one consolidated database called Customer Tracking and Agency Referral Application or "CTARA". Families calling the Special Kids Network can now be screened and mailed an application for Medicaid or Children's Health Insurance Program (CHIP) as a result of this consolidation.

The BFH, in collaboration with a Robert Wood Johnson grant, surveyed 8,000 dentists regarding services provided, insurances accepted and capacity and preparation needed to treat CSHCN.

The Reaching Out Partnership, a unique blend of outreach focused staff from the Departments of Health, Public Welfare, and Insurance met six times during the calendar year with a group of community partners. The group's focus was not only to share information about the status of enrollment in the public insurance programs, but also to share new and innovative ways to spread the word that these services were available to the public.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Comprehensive Specialty Care Programs	**X**			
2. Special Kids Network/Community Systems Development				**X**
3. Reaching Out Partnership				**X**
4. Love Em With a Checkup Program				**X**
5. Medical Home Integrated Care Coordination Initiative				**X**
6.				
7.				
8.				

9.				
10.				

b. Current Activities

The HHSCC refers CSHCN to the following five categories of services:

1. Education and training;
2. Therapies such as Hippotherapy, water therapy, psychological services, special camps;
3. Recreation (accessibility of park services, health clubs, theatres, pools);
4. Advocacy (Legal, education, benefits managers, early childhood interventions); and,
5. Special equipment (adaptive, DME, lifts, automobile modifications, communication devices).

The Special Kids Network facilitates applications for Medicaid.

The BFH will continue to randomly tape calls made to the HHSCC, monitoring appropriate tone, valid data entry into databases, and adherence to protocols. These HHSCC quality assurance measures have improved services and referrals made to families calling the Special Kids Network. The BFH is seeking accreditation of the HHSCC by the Alliance of Information and Referral Systems (AIRS).

One SKN television promotion consisting of traditional and non-traditional advertisements was accomplished in 2004. Statewide advertisements were run in partnerships with the Commonwealth of Pennsylvania Public Relations contractor and local TV stations. They included vignettes promoting SKN, local station's magazine programs and public interest stories, focusing on CSHCN. Consumer feedback of these advertisements has been favorable, suggesting that the messages are on target.

The BFH has developed and distributed a SKN awareness flyer in several languages including Albanian, Cambodian, and traditional Chinese.

The HHSCC conducts outreach activities that include promoting SKN at conferences, during Hispanic community events, and at the annual Pennsylvania Farm Show.

c. Plan for the Coming Year

The BFH, through continued SKN media campaigns, plans to increase the number of needs that are served per call to the HHSCC. Upon issuance of a new marketing contract on July 1, 2005, Bureau of Family Health staff will meet to determine promotional plans for the upcoming year. It was interesting to note that the two semi-annual television media flights did not produce the surge in calls to the help line as expected. A change in strategy will be discussed with the new contractor to gain their insight as to the best way to reach the targeted audience of women who typically call the line to seek information and services for their children. Aside from television, print materials are used as a way to market the help line service. A new rack card (double-sided) print piece is being developed to share with the call center staff and those that work in the Community Systems Development section of the Special Kids Network. The rack card briefly describes the services provided by the network and encourages the reader to call the help line for more information.

Staff will add funds to the HHSCC contract to increase visibility at health fairs and other public awareness events.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.*

(CSHCN Survey)

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				74	76
Annual Indicator			73.4	73.4	73.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	78	80	82	82	82

Notes - 2002

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Healthcare Needs, 2001. Numerator and denominator not available.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

In 2004, the Family Consultant Program provided consultation and family support services to a total of 2,920 families with CSHCNs. Consultants, operating in four tertiary Children's Hospitals provided information, resources and support to families of CSHCN during periods of hospitalization. Consultants referred all families to the SKN for medically related services needed after their child's discharge. In addition, the consultants provided in-service education to hospital staff to enhance the delivery of family centered care.

Medical Home Program participants received referral information for Title V Services, Children's Health Insurance Program and the Medical Assistance programming to assist families seeking community-based services for their special needs children.

Community-based multi-disciplinary clinics provided CSHCN children with access to multiple services in one location. Clinic professionals participated in local health partnerships designed to coordinate care with community based service systems and primary care physicians. In addition, 187 participating provider agreements were established to provide direct medical care in an outpatient setting, which allows for greater access to special health care services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Integrated Care Coordination Initiative		X		X
2. Special Kids Network/Community Systems Development				X
3. Maternal and Child Health Services via Local Health Departments	X	X	X	X
4. Family Health Nurse Consultant Program		X		X
5. PA Family Consultant Program		X		
6. Parent to Parent of Pennsylvania		X		
7. Special Healthcare Programs in the Philadelphia Health Department				X
8. Building Inclusive Communities Mini-Grant Initiative		X		X
9. Cooperative Efforts and Technical Assistance		X		X
10. PA Recreation & Leisure Line for Individuals with Disabilities				X

b. Current Activities

The Family Consultant Program continues to encourage the development of Family Advisory Committees at each of the participating Children's hospitals to further enhance the delivery of Family Centered care. The consultants assist with identification of families as potential Advisory Committee members and facilitate the regularly scheduled meetings.

The HHSCC is installing an automated satisfaction survey mechanism in its database, whereby a caller who provides an address and is willing to be surveyed will be automatically mailed a survey which is returned to the Department when completed, using unique identifying numbers for privacy. While the survey has not been in place during the first year of operation, it will be retrospectively mailed to all SKN callers and a random sampling of the other seven help lines in the HHSCC.

The Medical Home Program is increasing the number of practices participating in the EPIC-IC training. The program continues to increase the percentage of youth with special needs that require services for transition into adult life.

The BFH, working in collaboration with 11 agencies and seven CSHCN families, has developed a Transition Health Care Checklist, which identifies steps that older CSHCNs and their families can use for transitioning from pediatric to adult health care services. This checklist is being presented to programs involved in transition of children and youth with special health care needs and will be posted on multiple Commonwealth websites.

CSHCN consultants are working directly with families in communities. The HHSCC refers parents with CSHCN to these consultants when it is necessary to identify local services that cannot be identified centrally. Upon initiating call center services, the Department and the contractor identified service improvement areas. There was a gap in the Special Kids Network (SKN) referral process, since there was no local staff tasked to meet directly with callers to determine how their unmet needs could be resolved. A protocol and referral form was developed. Whenever a caller's need is unmet and the caller permits, the HHSCC sends a request to the consultant in the caller's Health District to make direct contact with the caller to resolve that need. Once the need is resolved the resource provided is furnished to the HHSCC for inclusion in the resource database based on approved criteria. If the need remains unresolved by the consultant, the HHSCC is informed and expands its internet search. If unsuccessful, the HHSCC places a request with the SKN regional office in the caller's Health District. If a resource is found by the SKN Resource and Referral specialist, the approved criteria are applied and the resource is added to the database. In this way, the HHSCC

completes the cycle of services that was in place when the Information and Referral component of SKN was regionally based.

c. Plan for the Coming Year

The Family Consultant Program will enhance family-centered care for families of CSHCNs, when these children are hospitalized in the tertiary Children's hospitals.

The Medical Home Program will continue its effort to increase the number of physician practices that receive information and referral instructions for community-based services, including Title V, CHIP and MA.

Staff will continue to encourage collaboration between the tertiary centers and community based medical resources through medical team meetings, correspondence and telemedicine resources.

BFH staff associated with the HHSCC will collate follow-up survey information to measure satisfaction in the following areas: information specialist demeanor, understanding of need, quality of information provided, amount of information provided, quality of service provided by referral resource, willingness to call again, benefits of calling HHSCC/SKN, and willingness to recommend HHSCC/SKN to an acquaintance. In addition, there are open-ended questions to permit comments on referral agencies, inability to access referral agency services, the HHSCC/SKN itself, and promotion of HHSCC/SKN. In addition to this caller feedback, Bureau staff have embarked on a remediation plan for SKN that includes stakeholder meetings. Staff will secure the services of the Commonwealth's consulting group, Bureau of Management Consulting, to facilitate planning and implementation of quarterly stakeholders meetings. Stakeholders include Community Based Organizations, families of CSHCN, and collaborative partners from other Commonwealth programs. It is hoped that the implementation will occur by Spring 2006.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective				30	32
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	34	36	38	38	38

Notes - 2002

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Healthcare Needs, 2001. This measure does not meet the NCHS standard for reliability or precision. The relative standard error is greater than 30%. Numerator and denominator not available.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

The Individuals with Disabilities Education Act (IDEA) Memorandum of Understanding (MOU) with the Departments of Public Welfare, Labor and Industry and Health defines the entitlements of students with disabilities, identifies programs and services students might be eligible to receive, establishes a process for interagency collaboration, defines fiscal and programmatic responsibilities for each agency, and establishes a dispute resolution process.

The Community Systems Development (CSD) Directors contributed to Local Transition Coordinating Councils (LTCC). This MOU interagency team participated in the National Education Teleconference on transition and other national special education conferences for transition. Pennsylvania's 2004 IDEA-MOU annual conference provided specific sessions on health care transitioning and for the first time sponsored a simultaneous Youth Forum for approximately 50 youths/young adults ages 16-21 on transitioning to work or school.

The centralization of the Special Kids Network's (SKN) information and referral function facilitated an expansion of the CSD component within SKN regional offices. Two CSD staff and a Resource and Referral Specialist in each regional office are able to maintain the CSD databases and communicate with the HHSCC about available services in each region's geographic area.

The BFH continued to use Block Grant funds to conduct the Educating Practices in Community Integrated Care (EPIC-IC) Medical Home Training Program in 2004. The Medical Home Training Program includes a component to train physicians and families of children and youth with special health care needs (CYSHCN) to assure they receive services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work and independence. The collaborative effort with the Pennsylvania Chapter of the American Academy of Pediatrics provided medical home training to 16 physician practices that included 102 physicians, 19 nurse practitioners, 122 nurses and 36 family advisors in urban, rural, and suburban physician practices during 2004. The physician practices participating in the EPIC-IC Medical Home Training Program are providing a medical home to 4,000 children and youth with special health care needs in 18 counties throughout the state. In addition, seven of 16 participating practices demonstrating advanced competency following completion of the EPIC-IC training are receiving funding support from the Bureau to provide combined integrated practice-based and community-based care coordination services to assist the transition of CYSHCN.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Integrated Care Coordination Initiative		X		X
2. Special Kids Network/Community Systems Development		X		X
3. Family Health Nurse Consultant Program		X		X
4. Individuals with Disabilities Education Act (IDEA) Governmental Interagency Memorandum of Understanding		X		X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The BFH is collaborating with The Children's Hospital of Philadelphia to develop and implement a one-year pilot that will help support a multidisciplinary and multi-agency team of professionals to provide "transition to independence services" for youth and young adults with special health care needs. This project will identify a best-practice model that can be adopted by the BFH.

Special Health Care Needs Consultants (SHCNC) and CSD directors continue to participate on Local Transition Coordinating Councils (LTCC). As registered nurses, the SHCNCs are prepared to address more of the individual health-related services while the CSD directors are able to remain more system focused.

The IDEA-MOU (Pennsylvania Community on Transition) Team will produce the 2005 conference, Strengthening Transition: Achieving Results. As part of that effort, the team will develop outcomes that measure transition activities and accomplishments. This annual conference of parents, educators, youth and young adults with special health care needs, employers and others interested in CSHCN, has grown steadily since first introduced in 2002 and attendance is expected to reach 1,000 for the conference to be held July 20-22, 2005. Executives from all agencies represented on the Community on Transition Team will form a panel to act as keynote to the conference. There will also be a young adult panel to share their transition experiences. Each participating department provides scholarship money to accommodate the attendance costs for 10 youth with special health care needs.

c. Plan for the Coming Year

Continue collaboration with Pennsylvania's IDEA-MOU Team as they work to improve outcomes for youth and young adults with special health care needs.

Establish better connections with the Department of Education to join efforts for better implementation of Chapter 14 Special Education and inclusion initiatives.

The Bureau will continue to support the EPIC-IC Medical Home Training Program and increase the number of physician practices participating in the Program to 34 by 2007. The Bureau expects to see an increase in the number of Pennsylvania CYSHCN receiving comprehensive care through a medical home by 50% (6,000). Many of these children will require and receive appropriate transitions to adult health care, work, and independence with assistance from the

physician practices completing the Bureau's Medical Home Training Program.

The Bureau, through its Community Systems Development Program, will continue its participation on the "Community on Transition Team." This will include the planning committee work for the 2006 conference and providing input into Commonwealth agency program development. The team will finalize its transition checklist and upload it to the website for use and continuous revision as improvements are suggested and approved. The team will continue its regional symposia throughout the year that permit families and others in all parts of the state to discuss and learn more about the needs of youth with disabilities in transition to adulthood.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90
Annual Indicator	77.8	78.8	82.4	86.2	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	87	87	87	88	89

Notes - 2002

The Annual Performance indicator for 2000 and 2001 was obtained from the 2000 and 2001 National Immunization Survey conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. Data are for children 19-35 months of age. Numerator and denominator not available.
Data should be in this form:
2000: 77.8+/-4.6
2001: 78.8+/-4.2

Data for 2002 will not be available until later in the year 2003.

Notes - 2003

The Annual Performance indicator for 2000, 2001, 2002 and 2003 was obtained from the 2000, 2001, 2002 and 2003 National Immunization Survey conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. Data are for children 19-35 months of age. Numerator and denominator not available.
Data should be in this form:

2000: 77.8+/-4.6
2001: 78.8+/-4.2
2002: 82.4+/-4.5
2003: 86.2+/-4.1
Data for 2004 will not be available until later in the year 2005.

Notes - 2004

Data for 2004 are not available.

a. Last Year's Accomplishments

The Division of Immunizations successfully implemented the Statewide Immunization Information System (SIIS) in all of the Department's State Health Centers, County and Municipal Health Departments, 13 private provider practices and two Federally Qualified Health Centers.

The Division also implemented the regulatory requirement that all Childcare Group Settings report immunization histories for children in their facilities to the Department of Health. Approximately 83.4 percent of children 19-47 months of age were immunized against Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Haemophilus Influenza Type B, and Hepatitis B.

Hospitals attending births were provided Hepatitis B vaccine for administration to infants prior to their discharge. This initiative also included an immunization educational program for new parents while still in the hospital.

A Hallmark greeting card containing a message on immunization from Governor and Mrs. Rendell was sent to approximately 138,577 birth parents and 813 adoptive parents across the Commonwealth.

An immunization coverage rate of 86.2 percent was acheived for four doses of Diphtheria/Tetanus/Pertussis; three doses of Polio; one dose of Measles/Mumps/Rubella; three doses of Haemophilus Influenza Type B; and three doses of Hepatitis B vaccines according to the Centers for Disease Control and Prevention (CDC) National Immunization Schedule for 2003.

Staff completed an analysis and identified "pockets of need areas" within the Commonwealth with children at risk for under-immunizations and implemented a Statewide Immunization Coalition to supplement the 17 county and regional immunization coalitions.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Immunization Program	X		X	X
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

The BFH is expanding the implementation of the SIIS to additional private provider practices and outreaching to Health Maintenance Organizations.

Enhanced vaccine safety initiatives are being implemented to include the CDC's Assessment Feedback Incentives eXchange (AFIX) model to provide immunization education and information to pediatric providers.

The BFH is collaborating with CVS pharmacies across the Commonwealth to print targeted immunization messages on prescription bags. Messages will vary according to times of the year.

The Annual Pennsylvania Immunization Conference is being planned for public and private immunization providers from across the Commonwealth. This conference features national immunization advocates and educators to provide the most current immunization information.

The BFH is collaborating with a local Hispanic organization to target immunization outreach activities to this minority population.

c. Plan for the Coming Year

Staff will continue many of the current activities and initiatives.

Staff will work with county and regional coalitions to enhance their work in local communities with the promotion of immunizations.

A contractual agreement will be developed to manage the newly established Statewide Immunization Coalition.

Personnel will be hired to concentrate on perinatal Hepatitis B follow-up by ensuring the infants born to Hepatitis B positive females receive appropriate Hepatitis B vaccine and prophylaxis.

One staff will also be added to enhance vaccine quality assurance activities at the provider level ensuring that all vaccines administered are safe and viable, and are stored and handled properly.

New immunization outreach materials targeted to minority and diverse populations will be developed and distributed.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	19	18	17	16	15

Objective					
Annual Indicator	19.5	17.3	16.4	16.6	
Numerator	4754	4390	4279	4376	
Denominator	243356	253109	260384	264088	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	14	13	12	11	11

Notes - 2002

Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2003

Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

Approximately 26 percent of Pennsylvania's population of 12.3 million residents is under the age of 19. The teen birth rate in Pennsylvania has continued to decrease in the last three years. However, 2003 data shows the birth rate is 0.6 per 1000 for females of all races under age 15 years. Black and Hispanic teens are consistently the most likely to become pregnant across all age subgroups.

The Maternal and Family Health Services, Inc. used Title V funds to develop a Teen Outreach Initiative with three main components: 1) Expansion of the interactive educational website aimed at teens. This website allows teen access to information and links to resources on wellness, self-esteem, community services, and other character building themes. The website content incorporates positive and fact-oriented messages on teen sexuality and responsible behavior. In the first quarter of its implementation, the website received 24,906 hits. 2) Continuation of a toll-free phone number and call center 1-866-SAFETEENS. 3) Development and distribution of the Teen Wallet Card marketing and reference tool in both English and Spanish.

In FY 2003-2004, the Department supported the Pennsylvania Teen Pregnancy Coalition that supports statewide adolescent pregnancy prevention.

Title V dollars supported the education of families and guardians on sexuality, developmental stages, and communications skills.

In FY 2004-2005, the Department provided targeted health training for pediatricians, nurse practitioners, and other teen pregnancy providers who convened to learn more about approaches to prevent teenage pregnancy.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

	Pyramid Level of

Activities	Service			
	DHC	ES	PBS	IB
1. Adolescent Health Program		X		
2. Family Planning Service System	X			X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Implementation of the statewide adolescent plan is underway. In expansion of the Communicating Healthy Advice to Teens, teens were added as a targeted population to be served.

The Bureau of Family Health staff members are working across state agencies on a collaborative work plan to address youth sexual risk behaviors.

The Department of Health conducted a statewide teleconference for practitioners who serve adolescents for primary and preventative healthcare.

The Division of Child and Adult Health Services is continuing teen pregnancy prevention initiatives which include the development and distribution of educational materials/resources, training about adolescent health topics (i.e., pregnancy prevention, STDs, general health issue), expansion of the teen website, teen and parent focused publications including magazines and brochures, peer education training and distribution of wallet cards to youth. The cards provide information about local family planning services/locations.

c. Plan for the Coming Year

BFH will collaborate with the Department of Education, Public Welfare, and community groups to support programs to identify and implement best practices to further reduce teen pregnancy.

BFH will convene an adolescent taskforce to address the prevention of teen pregnancy. The taskforce will include selected youth leaders to assist in the development of an adolescent health state action plan.

While Pennsylvania does not currently participate statewide in the Youth Behavior Risk Surveillance Survey, the Governor has agreed to implement a statewide youth survey through the Gallop organization to collect data on adolescent behavior. It is estimated that 2000 teens will be surveyed.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	21	26	28	30	34
Annual Indicator	25.2	NaN	NaN	NaN	NaN
Numerator	15886	0	0	0	0
Denominator	63002	0	0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	38	38	38	38	38

Notes - 2002

Pennsylvania is developing the capacity to report this data by augmenting student health status information reported to the Department on annual health reports from school districts (this data is managed by the Department of Health, Bureau of Community Health Systems, School Health Division). This information will include aggregate data regarding oral health screening outcomes, including the presence of sealants in grades K/1, 3 (8-year olds), and 7. This data augmentation is expected to be pilot tested in school year 2003-2004, and to become a requirement in school year 2004-2005. Until implementation of this revised data, Pennsylvania will not have the ability to report on this measure. Prior reporting was based upon a one-time survey completed in 2000.

Notes - 2003

Pennsylvania is developing the capacity to report this data by augmenting student health status information reported to the Department on annual health reports from school districts (this data is managed by the Department of Health, Bureau of Community Health Systems, School Health Division). This information will include aggregate data regarding oral health screening outcomes, including the presence of sealants in grades K/1, 3 (8-year olds), and 7. This data augmentation is expected to be pilot tested in school year 2003-2004, and to become a requirement in school year 2004-2005. Until implementation of this revised data, Pennsylvania will not have the ability to report on this measure. Prior reporting was based upon a one-time survey completed in 2000.

Notes - 2004

Pennsylvania is developing the capacity to report this data by augmenting student health status information reported to the Department on annual health reports from school districts (this data is managed by the Department of Health, Bureau of Community Health Systems, School Health Division). This information will include aggregate data regarding oral health screening outcomes, including the presence of sealants in grades K/1, 3 (8-year olds), and 7. This data augmentation is expected to be pilot tested in school year 2003-2004, and to become a requirement in school year 2004-2005. Until implementation of this revised data, Pennsylvania will not have the ability to report on this measure. Prior reporting was based upon a one-time survey completed in 2000.

a. Last Year's Accomplishments

In 2004, as part of the development of a dental recruitment and referral plan, the Department,

in collaboration with the Pennsylvania Dental Association, sent Pennsylvania licensed dentists a survey instrument to enable the Healthy Baby/Healthy Kids Network contractor to gather the information for the creation of the database. This database serves as a systematic dental referral system geared towards low-income women, low-income children, low-income families, and individuals with special needs. This program remains a timely opportunity to expand a successful referral mechanism in order to improve access to oral health for all of Pennsylvania's citizens.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Bureau of Chronic Disease and Injury Prevention Oral Health Program				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Oral Health Program promotes personal and community behavior for the maintenance of optimal health with an emphasis on oral health. The program collaborates with community health partners and other agencies, both governmental and non-governmental, on fluoridation advocacy, sealant programs, oral health educational programs, and on access to dental health services for the underserved. The program has a diverse Oral Health Stakeholders Planning Group to assist in efforts to meet program goals, as well as participate in ongoing planning and program development. The group has representatives from dental schools, the state dental association, dental hygienists, dental clinics, area health education centers, Head Start programs, major urban health departments, dental insurance, pediatrics and pediatric dentistry, physicians, children's hospitals, rural health, primary health care facilities, and public health, as well as representatives from several offices in the Department, and representatives from the Departments of Public Welfare, Insurance, and Aging.

Pennsylvania was one of six states to receive funding through the Robert Wood Johnson Foundation (RWJF) State Action for Oral Health Access Program. The multi-year project is testing innovative and comprehensive approaches to expand access to oral health care for the Commonwealth's low-income, minority and disabled populations served by Medicaid, the Children's Health Insurance Program (CHIP), and the health care safety net.

The Department of Health was the recipient of a Robert Wood Johnson Foundation Grant. A portion of the money was used to fund a special needs dental practice facility. The project has been implemented and administered by the Department of Public Welfare and a facility has been selected. The emphasis was to provide a dental safety net for Medicaid special needs population. It is hoped that the low-income special needs children will be served through this project and increase the percentage of third graders that receive protective sealants on a least one molar tooth.

c. Plan for the Coming Year

A statewide assessment of oral health status and a strategic oral health plan have been completed and will be periodically revised on the basis of a three to five year planning horizon, beginning in 2006.

The Oral Health Program continues to use the stakeholders planning group in these efforts. Initial efforts are targeting the oral health priorities defined in the strategic oral health plan to direct the planning and implementation of specific interventions. Increasing awareness of oral health, as a public health issue and the importance of oral health to overall health will remain at the forefront of all the program's efforts. Reducing the burden of oral disease for all Pennsylvanians is paramount. However, emphasis will continue to address the "silent epidemic" of oral disease, which is affecting our most vulnerable citizens-poor children, the elderly, and members of racial and ethnic minority groups. In these efforts, the Oral Health Program will coordinate with other offices within the Department, as well as other state and local agencies, such as the Department of Public Welfare and community health improvement partnerships.

The Department's Oral Health Program and the Bureau of Family Health have engaged in a variety of other activities for FY 05-06, including distribution of culturally appropriate information and patient education materials to local community-based groups to include school and social service programs, and participation in the CDC Water Fluoridation Reporting System (WFRS).

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	3.3	3.2	3.2	3.1	3.1
Annual Indicator	2.5	2.6	2.8	2.7	
Numerator	60	63	67	63	
Denominator	2419598	2387431	2371006	2356033	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	2.5	2.4	2.3	2.3	2.3

Notes - 2002

Numerator source: PA Department of Health, Bureau of Health Statistics and Research.
Denominator source: PA State Data Center.

Notes - 2003

Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

The Pennsylvania Child Death Review (CDR) Program, which is administered through a grant with the Pennsylvania Chapter of the American Academy of Pediatrics (AAP), has established a taskforce on transportation-related deaths of children and adolescents, including motor vehicle deaths, traffic injury deaths, and deaths that involve toxicology as a result of drugs or alcohol. The Transportation taskforce cross-matches child death review data with The Traffic Injury Prevention Project and also collaborates with the Pennsylvania SAFE KIDS Coalition. Further, highway safety specialists sit on many local child death review teams to provide input and information towards the child death review process. In 2003, the Pennsylvania Child Death Review Program received 254 transportation-related deaths to review. Sixty-five percent of these deaths were children age 14 and under, and four were children under one year of age. Further: 33 of the 65 involved land transport, four involved car/truck accidents, 15 were pedestrians, seven involved bicycles, and six were undetermined (categorized as "other transportation").

The Pennsylvania SAFE KIDS Coalition provided technical assistance and training to 44 local coalitions and chapters through site visits, telephone technical assistance, distribution of injury prevention materials, and three statewide meetings. A new chapter (McKean County) was also added during 03-04.

Three statewide meetings were held in November, March and June of FY 03-04. Approximately 50 persons were in attendance at each of the meetings. The statewide meetings educated new SAFE KIDS chapters about various program aspects and enabled all participants to become informed of national, state, and local SAFE KIDS efforts. The meetings also provided updates on topics including but not limited to the SAFE KIDS contract with the Department of Health, upcoming conferences and trainings related to injury prevention, mini-grant applications that provide funding to local SAFE KIDS chapters, and Legislative issues.

The PA SAFE KIDS Coalition presented injury prevention information to the public during a multitude of public events throughout the year.

The PA SAFE KIDS Coalition co-sponsored the Annual Injury Prevention Symposium in March 2004. The event was held in Philadelphia. Additional sponsors included the Children's Hospitals' of Philadelphia and Pittsburgh. The symposium featured an injury prevention track as well as various trauma topics that were addressed by the sponsoring hospitals.

The PA SAFE KIDS Chapters and Coalitions conducted 205 child safety seat events. At these events, 3,820 child safety seats were checked for proper fit and installation, and 1,490 child safety seats were distributed to families in need.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Bureau of Chronic Disease and Injury Prevention Safe Kids Program				X
2.				

3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Currently, there are 44 PA SAFE KIDS Chapters and Coalitions in operation. These Chapters and Coalitions conduct year round child safety seat events across the state and also provide community-based activities to promote child passenger safety and prevent unintentional injuries to children ages 14 and under.

The Pennsylvania SAFE KIDS Coalition partners with PennDot to present the Buckle Up campaign, a statewide effort to enhance child passenger safety through media outreach, community outreach, education and training, public policy efforts, and research. The goal of the Buckle Up campaign is to reduce the number of child deaths and injuries from motor vehicle crashes and improve child passenger safety. The program is designed to ensure that caregivers receive both accurate, easy-to-understand information on child passenger safety and hands-on technical assistance in selecting and installing the correct restraint for their child. The program has three strategies: raising public awareness through a substantive media campaign; reaching out through the health and education community; and providing detailed education to the community by General Motors dealers who have been trained and certified to educate their communities. The Buckle Up program offers opportunities for families to participate in child safety seat checks and safety seat inspection stations within their communities.

c. Plan for the Coming Year

The PA SAFE KIDS Coalition will hold three statewide meetings and the PA SAFE KIDS Advisory Council will hold four meetings throughout the year as well. The SAFE KIDS Coalition also plans to continue its efforts to reduce child deaths and injuries from motor vehicle crashes and improve child passenger safety.

The CDR Transportation Taskforce plans to ensure that toxicology reports will be completed for all deceased adolescent drivers and passengers during the death review process. Additionally, the taskforce expects to identify and support safety belt use among youths and teens, support legislation to strengthen youth driving policies, encourage local teams to identify and support education programs with goals and missions devoted to teen driving, and encourage use of the PA AAP Traffic Injury Prevention Program and PennDOT Comprehensive Highway Safety coordinators. The Taskforce will also continue to partner with the Pennsylvania SAFE KIDS Coalition and the Traffic Injury Prevention Project.

The BFH will carefully consider formal recommendations made by the CDR Suicide Taskforce during 2004 including:

1. Link local child death review teams with Local Traffic Safety Resources.
2. Collect traffic safety data from local traffic safety resources.
3. Link local child death review teams with Legislators to advocate the Primary Seat Belt Law and Strengthen Graduated License Program.
4. Create community education programs addressing teen driving school programs and

promote the addition of safety education in driver education courses.
5. Approach the US Consumer Protection Service to become a Prevention Partner of the PA Child Death Review Team.
6. Approach the PA Forestry to become a Prevention Partner of the PA Child Death Review Team.
7. Address gated community issues.
8. Examine current issues surrounding mini-bikes and ATVs.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	54	55	56	57	58
Annual Indicator	61.2	61.6	63.7	61.3	
Numerator	88545			84017	
Denominator	144682			137081	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	61.3	61.6	61.8	62	62

Notes - 2002

Breastfeeding percentage is taken from the Mothers Survey, Ross Products Division, Abbott Laboratories, which does not provide a numerator and denominator.

Notes - 2003

Unknowns excluded in calculations. Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

Breastfeeding initiation rates among WIC participants showed a slight increase statewide from 39.6 percent in July 2004 to 40.5 percent in January 2005. The range of breastfeeding incidence in 2005 varied from 24.5 percent in Philadelphia to 61.8 percent in Chester County.

The Division of Community Systems Development and Outreach's Pennsylvania Breastfeeding Awareness and Support Program was created in 2004.

A local grantee from the "Babies are Born to be Breastfed" campaign turned to the Bureau's Healthy Baby Help Line for permission to use this telephone number in locally tagged ads.

This, and the availability of funds freed as a result of efficiencies obtained from help line consolidation, were among the forces that lead to the creation of a state-level, non WIC, program designed to promote breastfeeding and help the state achieve the Healthy People 2010 National Objectives related to breastfeeding.

Approval was given to hire program administrator level staff with appropriate experience and International Board Certified Lactation Consultant (IBCLC) certification preferred. In order to start the program without full-time staff, a mini-grant program for funds of up to $3,000 was made public in August 2004.

The Bureau of Family Health accepted applications for up to $3,000 for breastfeeding awareness, community outreach and peer support. Mini-grants were available to support activities, events or services with the direct objective of increasing: the number of pregnant women, their partners and immediate families and the general public who consider breastfeeding acceptable and desirable and the number of pregnant women who select breastfeeding as their exclusive long-term infant feeding practice. The public health benefits of breastfeeding have been extensively documented. Benefits include immediate and future health and weight control for the breastfed child and more rapid post-partum weight loss and reduced risk for future medical problems related to several cancer sites for the breastfeeding mother. These benefits translate into significant economic benefits for society in lives saved and medical care costs reduced due to better health status of a breastfed population.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. WIC Program	X	X		
2. Breastfeeding Mini-Grant Program		X		X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

To date 22 organizations have applied for breastfeeding mini-grant funds and 16 grants have been awarded. Funds have been set aside to support at least 50-60 more mini-grants in the new state fiscal year. Over $42,000 was awarded in mini-grants in Fiscal Year 04. Grantees included community organizations, hospital based clinic setting, and non-profit agencies that work in the community with low-income families, breastfeeding resource centers, and breastfeeding volunteer organizations. Grantees trained professionals and family members, developed print materials, conducted surveys to determine issues facing new mothers, and provided one on one counseling for problematic situations.

The Program has also begun a collaborative relationship with WIC to divert $400,000 annually for a three-year period to three WIC agencies to improve their low breastfeeding rates. The funding started April 2004. Continuation of third year funding (07-08) is tied to achievement of

state WIC-staff set individualized six-month breastfeeding goals. The goals as established are as follows: to increase the number of WIC clients in the selected local WIC agencies who choose to breastfeed their newborn infant; to increase the number of WIC clients in the selected local WIC agencies who breastfeed to at least six months; and to increase the number of WIC clients in the selected local WIC agencies who breastfeed to at least 12 months.

The PA WIC Program continues to promote and support breastfeeding through prenatal counseling using the four step process. Regional staff trainings are held annually and resource materials for bulletin boards and participant education are continuously developed. Breastfeeding training is mandatory for all WIC staff.

c. Plan for the Coming Year

Once staff is in place, the program will develop an annual plan with input from an Advisory Group. The WIC collaborative will continue thru 2008. Other future activities under consideration include:

1. Replacement of data provided by Ross Labs, with an independent state-wide system designed to measure breastfeeding rates;
2. Creation of an annual report identifying best practices based on achievements of the mini-grant awardees; and,
3. A mass media and/or public relations campaign, promotion of baby-friendly concept among hospitals, and targeted interventions to promote breastfeeding-friendly workplaces, including the Pennsylvania Department of Health.

The PA WIC Program will continue with its trainings and other routine initiatives. In addition, Breastfeeding Peer Counseling programs will be piloted in several local agencies. Special funding was provided by USDA to implement these programs for the coming year.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20	30	85	85	85
Annual Indicator	49.3	50.2	86.6	97.7	99.8
Numerator	72000	72325	63143	139049	138788
Denominator	146000	143972	72878	142377	139072
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance	98	98	98	98	98

Objective					

Notes - 2002

Implementation of the Pennslvania statute requiring universal newborn hearing screening began on July 1, 2002. Accurate data for screening at all birthing hospitals is not available prior to that date. 2001reporting was based upon a pre-mandated demonstration project in 26 hospitals.

For this reporting period, the number of infants reported as being screened (numerator) is for the last 6 months of calendar year 2002. Birth figures (denominator) are preliminary data supplied by the PA Department of Health, Bureau of Health Statistics and Research. Final birth figures for 2002 will not be available until approximately one year after year end. Our number will be corrected at that time.

Our statutory objective, according to Act 89 of 2001 is that 85% of newborns are screened by July 1, 2003.

Notes - 2003

Birth figures (denominator) are preliminary data supplied by the PA Department of Health, Bureau of Health Statistics and Research.

Our statutory objective, according to Act 89 of 2001 is that 85% of newborns are screened by July 1, 2003.

Notes - 2004

Birth figures (denominator) are preliminary births in hospitals supplied by the PA Department of Health, Bureau of Health Statistics and Research.

Our statutory objective, according to Act 89 of 2001 is that 85% of newborns are screened.

The annual indicator has exceeded the annual performance objective, however the data being used to calculate the annual indicator are preliminary data and when final data becomes available the annual indicator will change. We feel that the annual performance objective is closer to reality than the annual indicator at this time.

a. Last Year's Accomplishments

In Calendar Year 2004, 138,788 of the state's 139,072 hospital births (99.8 percent) received newborn hearing screening. Ninety-three percent of those screened passed their initial screening and 7 percent needed follow-up rescreening. Approximately 88 percent of infants in need of rescreening received it, with 18 percent not passing. Only 328 refusals of initial screening were reported statewide (less than 0.2 percent of births).

A total of 1,991 infants born in 2004 were referred to the state newborn hearing screening program for follow-up. Of the cases followed to conclusion as of this writing, 1,595 received rescreening, 377 received and passed a diagnostic audiological evaluation, and 143 were diagnosed with hearing loss. Of those diagnosed, 75 were linked to early intervention services and 18 were being tracked toward linkage. Fifty infants were diagnosed with unilateral, mild or conductive hearing loss and were being treated or monitored by PCPs, ENTs or audiologists. Twenty-four at-risk infants were receiving ongoing treatment and monitoring. A total of 342 infants born in 2004 were still being followed as of this update.

The state Early Hearing Detection and Intervention (EHDI) program launched a major physician outreach and education effort known as Educating Physicians in 2003. Thirteen teams, each consisting of a physician, audiologist, parent advocate and DOH staff member, were trained to offer grand round presentations at hospitals in their respective regions. Twenty presentations were given during 2004, reaching 509 persons (70 percent of them physicians).

On May 5, 2004 a statewide teleconference was held for hospital newborn hearing screening coordinators with 192 hospital staff participating. Topics covered included the PA Newborn Hearing Screening Guidelines, a review of infant hearing screening devices, and reporting requirements. The BFH launched an initiative to provide audiologists with training on pediatric hearing loss diagnosis. Thirteen audiologists with substantial pediatric patient caseloads were sponsored to enroll in a comprehensive course on audiological diagnostic procedures for infants using the latest methods and equipment.

Progress continued toward design and development of a centralized, web-based, reporting and follow-up tracking data system to fulfill the needs of both the metabolic and newborn hearing screening programs. Approximately 3,400 infants in PA are born in out-of-hospital (OOH) settings each year. Six local screening networks were established in rural areas with high concentrations of OOH births. Twenty-one certified nurse and lay midwives in these areas have been trained to screen newborns with portable Automated Brain Response (ABR) units. Reporting of screening results began May 2004. Initial data indicate that 451 OOH births were screened May-December 2004, equating to approximately 20 percent of the OOH births statewide during those months.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn Hearing Screening and Intervention Program			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The EPIC-EHDI physician outreach and education initiative is moving forward at full pace. Five of 20 grand round presentations planned for 2005 have been conducted, with 102 persons in attendance (70 percent of them physicians). A teleconference targeting birthing facility nurse screeners was held on February 15, 2005 with 41 hospitals and a total of 110 participants. As part of the initiative, an on-line learning tool for PCPs, known as EHDI OnLi, is being developed by two physicians at the University of Pittsburgh to provide case studies and information for physicians of infants not passing their hearing screening. The program will also include a list of informational resources and will enable completers to receive CMEs.

The web-based reporting and follow-up tracking data system will be delivered to DOH for user acceptance testing in Spring 2005. Plans are to make the system available to birthing hospitals, audiologists and physicians in the Summer of 2005. Improved communications with the 127 birthing hospitals will be a key feature of the new data system. In an effort to have more timely and efficient communications with birthing facilities, the system will have mass e-mail features and an electronic bulletin board where DOH will post information such as program guidelines,

applicable instructions, contact information and links to selected web sites with information about early childhood hearing loss.

In an effort to increase hearing screenings for the approximately 3,400 infants who are born in out-of-hospital (OOH) settings each year, DOH has purchased ten additional portable ABR hearing screening units. Plans are to reinforce the six local screening networks that have been already established in rural areas with high concentrations of OOH births, and to establish five additional networks. Additional midwives will be trained to use these units.

c. Plan for the Coming Year

The EPIC-EHDI physician outreach and education initiative will continue to move forward with another 20 grand round presentations being planned for 2006. A teleconference targeting birthing facility nurse screeners is planned. Efforts are also in progress to identify birthing facilities in need of technical assistance visits. Visits will be made by a physician and audiologist with specialized training in the EPIC-EHDI model to discuss hearing screening and follow-up issues at practices and facilities in need of technical assistance to improve performance.

Using data from the new web-based follow-up and tracking system, quality assurance efforts will focus on measuring progress toward the following objectives:

1. Screening of at least 98 percent of new births.
2. Assure that timely and accurate referrals for infants not passing re-screening are received from all birthing hospitals.
3. Increase the number of diagnostic results submitted by audiologists.
4. Achieve a marked reduction in the number of cases lost to follow-up. Cases lost to follow-up amounts to 26 percent and it is expected to decrease this to 22 percent.

The DOH is enlisting consultant services to develop two sets of regional workshops for 2006. One set of workshops will target hospital screening personnel and will include information on screening methods and technologies with the aim of assuring both the quality and accuracy of screenings. Another set of workshops will inform local Part C, Early Intervention agency professionals about the unique issues involved in bridging patients with early childhood hearing loss to intervention services, including information on various communication options.

A video and evaluation tool for the EPIC-EHDI physician outreach and education initiative was distributed in May 2005. The video was mailed to all birthing facilities, DOH District Offices and County/Municipal Health Departments. The video will enhance the current grand round trainings and the evaluation tool will measure competency and proficiency acquired from the EPIC-EHDI education.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	7.6	7.2	6.8	6.5	6.2

Objective					
Annual Indicator	8.4	8.0	10.2	8.4	
Numerator	260000	219760	290000	239000	
Denominator	3082000	2747000	2843000	2852000	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9.2	9.2	9.1	9	9

Notes - 2002

Percent and denominator are from Table HI-5, Health Insurance Coverage Status and Type of Coverage by State, Children Under 18, prepared by the U.S. Census Bureau. The numerator was calculated using the data from Table HI-5. PA has chosen to use the U.S. Census Bureau data because we believe it is the most consistent, reliable, and objective data available to us. The U.S. Census Bureau data for 2002 will not be available until September of 2003, so there will be a gap in our reporting on these figures.

There are at least two other ways that Pennsylvania could choose to derive the numerator for this performance measure. The numerator 258,000 was calculated a few years ago by the PA Insurance Commission (which administers CHIP). 258,000 is the number officially in use by the PA Insurance Commission and by many advocacy groups across the state. Families USA has also released a study (available at www.familiesusa.org) which indicates that 636,000 children under 18 were uninsured for at least one month during the years 2001 and 2002.

Notes - 2003

Percent and denominator are from Table HI-5, Health Insurance Coverage Status and Type of Coverage by State, Children Under 18, prepared by the U.S. Census Bureau. The numerator was calculated using the data from Table HI-5. PA has chosen to use the U.S. Census Bureau data because we believe it is the most consistent, reliable, and objective data available to us. The U.S. Census Bureau data for 2004 will not be available until September of 2005, so there will be a gap in our reporting on these figures.

There are at least two other ways that Pennsylvania could choose to derive the numerator for this performance measure. The numerator 133,000 has been derived by a Health Insurance Survey conducted in 2004 by the PA Insurance Commission (which administers CHIP). Families USA has also released a study (available at www.familiesusa.org) which indicates that 636,000 children under 18 were uninsured for at least one month during the years 2001 and 2002.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

The Children's Health Insurance Program (CHIP) began in 1992 with a statewide presence in providing health insurance to children in Pennsylvania. CHIP provided a comprehensive benefit package for 134,885 children whose families earn too much to qualify for medical assistance but not enough to purchase private health insurance in calendar year 2004. Following the initiation of the call center contract, the Insurance Department commercials were aired and call volume increased. The Health and Human Services Call Center transitioned from application assistance for a select few to web-based application assistance for all callers to the help lines, expanding on a successful 03-04 pilot concept.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive Specialty Care Programs	X			
2. Reaching Out Partnership				X
3. Special Kids Network/Community Systems Development				X
4. Love Em With a Checkup Program				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Quality Assurance measures have improved HHSCC services and referrals made to families calling the Healthy Kids Help line. Calls are recorded on a random basis and reviewed by call center and Department staff for appropriate tone, data entered, information gathered, and other protocols.

The HHSCC is exploring its capacity to conduct benefit renewals over the phone.

Partnerships between the Bureau of Family Health, Pennsylvania Insurance Department, Department of Public Welfare, state and local health districts, school health nurse consultants, the WIC Program, and the Health and Human Services Call Center has resulted in an increased outreach to children eligible for Children's Health Insurance program (CHIP).

The Pennsylvania Insurance Department also commissioned a marketing study to determine effectiveness of outreach and enrollment efforts of the CHIP program during the summer of 2003. In response to the research, the Department developed and implemented new strategies to provide services to the segments identified by the study. These strategies capture individuals who have had no prior participation in government-subsidized programs and who did not believe their children would qualify. The new marketing campaign is designed to reach the following market segments:

1. People who have had no prior involvement with a government-sponsored program and may not think that their children could qualify;
2. People who don't think that their children would qualify;
3. People whose lives and insurance status has changed (e.g., divorce, loss of employment, etc.);
4. People whose children are enrolled in CHIP and they must renew coverage on an annual basis; and,
5. People who are known and trusted that can influence parents to enroll their children in CHIP (e.g., grandparents, ministers, school nurses, etc.).

An advertising campaign was launched in August 2004 as a component of a back-to-school effort. The message states that CHIP lets "kids be kids" and the "we cover" unexpected life events. The television advertisements were augmented by radio spots that tell parents that their children "really could" qualify for CHIP. A testament to their impact can be seen in the fact

that the call volume to the help line almost doubled in the first week that the advertisements were seen.

The Commonwealth of Pennsylvania Access to Social Services (COMPASS) web-based application system (www.COMPASS.state.pa.us) continues to be a well-used tool by consumers seeking to apply for health care coverage and other supportive social service programs. More than 4,000 applications for CHIP have been submitted via COMPASS. Three percent of all CHIP applications are completed on-line; five percent of all Medicaid applications are completed on-line.

c. Plan for the Coming Year

The Insurance Department's study of the uninsured will be released and an executive summary will be shared with stakeholders and community partners.

The HHSCC will increase the number of needs that are served per call. The Healthy Kids Help line will also strive to increase this number with the assistance of the media campaigns.

The BFH will conduct COMPASS training for school nurses. School nurses are encouraged to include information about CHIP with kindergarten registration materials and to document health insurance status information in school health records.

As required by state statute, passed in December 2002 (Act 153 of 2002), the Department will continue to distribute information about the existence of and eligibility for CHIP to all children enrolled in public schools and offered the information for distribution to private schools. The BFH will continue distribution of its bright orange flyer with the new marketing message "Really, even a family of four with annual income of $45,000 could qualify for CHIP" to all public and private schools in Pennsylvania. A total of 2.2 million flyers have been distributed thus far.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	90	90	91	91	92
Annual Indicator	90.0	94.3	79.1	78.6	
Numerator	1201265	825373	748622	775943	
Denominator	1334739	875251	946031	986819	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance	78.6	79	79.1	79.2	79.2

Objective					

Notes - 2002

Numerator is provided by the PA Department of Public Welfare, from their Enterprise Data Warehouse based on claims having a date of service during the period 10/01/01 to 09/30/02, regardless of the claim adjudication date or payment date. Numerator is the number of children age 0 to 20 who received a service approved by MA either through the Fee-for-Service or Managed Care Delivery System. DPW cannot provide a number for children potentially eligible for MA who did not apply. The denominator is the number of children who have been determined to be eligible for MA who are age 0 to 20 during the reporting period.

Notes - 2003

Numerator is provided by the PA Department of Public Welfare, from their Enterprise Data Warehouse based on claims having a date of service during the period 10/01/02 to 09/30/03, regardless of the claim adjudication date or payment date. Numerator is the number of children age 0 to 20 who received a service approved by MA either through the Fee-for-Service or Managed Care Delivery System. DPW cannot provide a number for children potentially eligible for MA who did not apply. The denominator is the number of children who have been determined to be eligible for MA who are age 0 to 20 during the reporting period.

Notes - 2004

Data for 2004 are not available at this time.

a. Last Year's Accomplishments

Callers to the Healthy Kids Help line were screened for Medicaid and Children's Health Insurance Program (CHIP) eligibility. If within the income guidelines for either program, the appropriate application was mailed to the family. Application assistance over the telephone was offered utilizing the web-based COMPASS system.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive Specialty Care Programs	X			
2. Reaching Out Partnership				X
3. Special Kids Network/Community Systems Development				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

See National Performance Measure #13 for current activities.

Quality Assurance measures have improved services and referrals made to families calling the Healthy Kids Helpline. Calls are recorded on a random basis and reviewed by call center and Department staff for appropriate tone, data entered, information gathered, and other protocols. Accreditation is also planned through the Alliance of Information and Referral Systems (AIRS). Renewals over the telephone are being explored with the Health and Human Services Call

Center.

c. Plan for the Coming Year

The Department of Health will continue to work with the Department of Public Welfare to identify changes to the Medicaid plan that will affect eligibility of families in Pennsylvania.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1.5	1.4	1.4	1.3	1.3
Annual Indicator	1.5	1.5	1.6	1.6	
Numerator	2203	2190	2315	2312	
Denominator	145874	143404	142249	144867	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	1.5	1.4	1.3	1.3	1.3

Notes - 2002

Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2003

Unknowns excluded in calculations.
Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

Eight County/Municipal Health Departments offered prenatal services to approximately 1,400 women. One objective of these programs was to promote early enrollment in prenatal care to assure healthy pregnancies and positive birth outcomes. The programs focused on early identification of health and psycho-social needs and assisted pregnant women in obtaining prenatal care, health insurance coverage, and/or assistance with obtaining social services, such as addiction counseling. In addition, two of the eight county health departments received funding to assure prenatal care for 520 women who were undocumented residents.

The Nurse Family Partnership (NFP) and Healthy Start Programs focus on identification of women early in their pregnancy assisting them in accessing prenatal care and medical insurance. The NFP had 22 sites in 29 counties in Pennsylvania. Since its inception, in 1999, the NFP has graduated 994 participants with 4,734 participants enrolling to date. The Healthy

Start Program provided services at six sites in 2004 (Allegheny County, Fayette County, Chester County, Chester City, and two service areas in Philadelphia). These programs provided case management and referral services, to pregnant women. The programs developed partnerships to improve and increase services for pregnant women in their designated geographic areas.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family Planning Service System	X			
2. County Municipal Health Department Education Programs				X
3. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V)				X
4. Smoking Cessation Program			X	
5. Family Health Nurse Consultant Program				X
6. Nurse Family Partnerships (Title V provides technical assistance)				X
7.				
8.				
9.				
10.				

b. Current Activities

The eight county/municipal health departments continue to provide prenatal outreach. The Department's services enroll women in their first trimester of pregnancy and provide various education-training events to raise awareness of perinatal issues among the general public and service providers. Two county health departments, the Philadelphia Department of Public Health and Montgomery County Health Department, provide prenatal care for undocumented pregnant residents.

The BFH has initiated a statewide coalition to address birthing issues The coalition consists of key stakeholders who provide prenatal care and support services. The overall objective is to reduce infant mortality. The group reviews programs and strategies to reduce the percentage of low birth weight babies born in Pennsylvania.

c. Plan for the Coming Year

The County/Municipal Health Departments will continue to provide prenatal care, prenatal case management, home visiting services and outreach. Outreach will also continue via the Healthy Baby Help line.

The BFH will begin an in-depth analysis of birth data to identify trends and disparities. Part of this study will involve assessing the relationship between the entrance into prenatal care, loss of obstetrical care providers, and the impact on birth outcomes. As a result of the study, Pennsylvania will develop programs based upon the findings to reduce the number of infants born with low birth weights, infant mortality and promote programming that will advocate early entry into comprehensive prenatal care.

The BFH will explore means of utilizing the findings of the MCH Needs Analysis for future program planning.

According to 2003 vital statistics, 17.7 percent of Pennsylvania women continue to smoke during their pregnancy which can lead to poor birth outcomes. The BFH is a member in Pennsylvania's Tobacco Prevention and Cessation Action Learning Lab (ALL) team. This is a collaborative effort between the Association of Maternal and Child Health Programs (AMCHP), American College of Obstetricians and Gynecologist (ACOG), Planned Parenthood Federation of America (PPFA), and the Women's Tobacco Prevention Network, and is supported by the CDC's Division of Reproductive Health and the Robert Wood Johnson Foundation. The purpose of the ALL is to bring state partners together to discuss tobacco prevention and cessation for women of reproductive age, including pregnant women. In the next year, the team will develop and implement strategies to engage perinatal service providers and increase utilization of Pennsylvania's smoking cessation services.

Healthy Start will continue to operate sites in Pennsylvania at the end of 2004 (Allegheny County, Fayette County, Chester County, Chester City, and two sites in Philadelphia) as long as funding is available. These sites will provide case management and referral services to pregnant women as well as develop partnerships and increase services in their geographic areas.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	7	6.8	6.6	6.4	6.2
Annual Indicator	7.1	7.5	8.1	8.0	
Numerator	60	66	72	72	
Denominator	850986	876840	894289	904628	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	8.2	8.1	8.1	8	8

Notes - 2002

Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2003

Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

Since the 1980's, Pennsylvania has made strong efforts toward the prevention of youth suicide through programs such as the Commonwealth Student Assistance Program (SAP), Services for Teens at Risk (STAR-Center), the Yellow Ribbon Program and a variety of other approaches in local areas.

In Pennsylvania, the 2003 teen suicide rate between the ages 15 through 19 was 8 per 100,000. In 2003 alone, there were 72 suicides among this age group. As a result, the Interagency Committee of SAP took the lead in convening a workgroup of about 50 stakeholders from across the Commonwealth to formalize a plan that includes not only what already exists in Pennsylvania, but also a strategy to address the possible gaps. The workgroup decided to use the "National Strategy for Suicide Prevention: Goals and Objectives for Action" as a template to begin its work. Pennsylvania has borrowed generously from the national strategy by adopting the 11 national goals, where applicable, and adapting the objectives to fit Pennsylvania's needs.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Bureau of Chronic Disease and Injury Prevention Safe Kids Program		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Various county task forces, organizations from across the state, and state officials met at the Capitol Building in Harrisburg late summer, 2005 to launch the First Annual Suicide Prevention Week. The goal of the event was to raise awareness and promote suicide prevention for both youth and older adults.

Several counties in Pennsylvania have developed a task force to address suicide prevention and suicide-related issues. Many local Child Death Review teams have collaborated with organizations for example, Yellow Ribbon, TeenSceen and Survivors of Suicide (SOS) to develop prevention activities to communities throughout the state.

SAP, a collaborative program started in 1985 between the state Departments of Education (PDE), Health (DOH), and Public Welfare (DPW), exists in all 501 school districts. Every secondary school building is required to have a student assistance program.

The DPW Office of Mental Health and Substance Abuse Services (OMHSAS) funds county Mental Health/Mental Retardation (MH/MR) Programs and DOH Bureau of Drug and Alcohol Programs (BDAP) funds Single County Authorities (SCA) to provide SAP liaison services to all secondary buildings. Commonwealth Approved Trainers (CATS) provide training for all school

core teams and ten Regional SAP Coordinators provide technical assistance to the state's nine regions. The core teams in each secondary building, comprised of teachers, principals, school counselors, school nurses, psychologists, social workers, and community liaisons from the mental health and drug and alcohol agencies, assist in identifying students at risk for suicide or other behavioral health problems.

c. Plan for the Coming Year

Identify resources that are currently available as well as gaps in service, i.e. crisis intervention, local response, support groups.

Engage the insurance industry in program development that meets gaps in service.

Convene teen focus groups in order to identify potential problems and develop programs that address them.

Combine the PA CDRT Suicide Prevention Subcommittee with the PA Youth Suicide Prevention Strategy Committee.

Adopt the 11 Goals and Objectives of the National Strategy as the Goals and Objective for this workgroup.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	67	68	69	69.5	70
Annual Indicator	71.1	70.5	73.0	77.7	
Numerator	1566	1545	1690	1797	
Denominator	2203	2190	2315	2312	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	80.1	81.9	82.5	83.7	83.7

Notes - 2002

Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2003

Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

A four-prong approach was implemented to impact the percentage of very low birth weight infants being delivered at facilities designed to manage the care of high-risk infants and neonates.

1. The Pennsylvania Perinatal Partnership (comprised of the BFH, local County/Municipal Health Departments receiving Title V funding, MCH Consultants and the Nurse Family Partnership worked collaboratively to assure that high risk mothers, high risk infants and neonates were delivered and received care in the appropriate risk--level facility. Each program area addressed this performance measure within the service system available.

2. The MCH Consultants worked in the six Health Districts to find and engage pregnant women who were not receiving prenatal care. This engagement included assistance in obtaining care, follow-up to ensure care was being received, and support during the postpartum period.

3. The Nurse Family Partnership is a very intensive program that initiates as early in the prenatal period and continues for mother and baby services through the second year of life of the baby.

4. The provision of prenatal care for undocumented citizens by the Philadelphia Department of Public Health and the Montgomery County Health Department work to address the needs of high-risk mothers and their unborn babies. Each effort, though different from the others, provides support and impact for assuring that mothers and babies arrive at the appropriate facility and receive the necessary care to assure good health for the mother and the infant. The combined efforts of these programs, serve to impact the number and percentage of high-risk infants and mothers who were delivered in the appropriate facilities for their individual levels of risks.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V)				X
2. County Municipal Health Department Education Programs			X	X
3. Family Health Nurse Consultant Program				X
4. Nurse Family Partnerships (Title V provides technical assistance)				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The four (4) programs have continued to provide services to high-risk mothers and babies as indicated above. During April 2005, a stakeholders meeting was held to address Pennsylvania's national rankings relative to infant mortality and low birth weight. The purpose was to create a common backdrop for developing strategies and interventions to impact low

birth weight and infant mortality across the Commonwealth.

In the current year, the BFH, the Pennsylvania Perinatal Partnership, the Nurse Family Partnership and the MCH Consultants are working collaboratively to determine the impact that mandated manage care systems have had on MCH populations. A second roundtable discussion was held in May 2005 to continue these discussions.

c. Plan for the Coming Year

The BFH will convene a major stakeholders meeting to develop the strategies, programming needed for implementation and future direction for impacting very low birth weight, low birth weight and infant mortality. Some of the strategies will have to include actions and strategies for assuring that high-risk mothers, neonates, and infants are receiving care in the facility appropriate for the level of risk.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	84	84.5	85	85.5	86
Annual Indicator	81.6	80.9	84.6	81.9	
Numerator	118971	116005	112799	97053	
Denominator	145874	143404	133335	118524	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	83	83.5	84	84.5	84.5

Notes - 2002

Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2003

Unknowns excluded in calculations.
Source: PA Department of Health, Bureau of Health Statistics and Research.

Notes - 2004

Data for 2004 not available until year 2006.

a. Last Year's Accomplishments

The Bureau of Family Health has collaborated with local health departments and other state agencies to promote access to care, such as the Health Baby Help line. Women who call the Help line are greeted with support and encouragement to get medical care. Referrals to

Medicaid, Obstetricians, free pregnancy testing and the Women, Infants, and Children (WIC) program are frequent. Callers are assisted with application for health care coverage offered to so they can receive prenatal care as quickly as possible. Where appropriate, callers can receive services for all members of their family via a single telephone call.

The message for the Love'em with a Check-up Program is that getting a check-up is important if you think you might be pregnant. The commercials that were previously used featured women late in their pregnancies having a conversation with a friend or family member. New commercials were created focusing on women in the initial stages of pregnancy to encourage women who THINK they are pregnant to call the Healthy Baby Help line as soon as possible.

Bureau of Family Health program management staff participated in seven state or national conferences that identified best practices, developing guidelines, and addressing service delivery problems for this MCH population.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V)				X
2. County Municipal Health Department Education Programs				X
3. Family Health Nurse Consultant Program				X
4. Nurse Family Partnerships (Title V provides technical assistance)				X
5. Healthy Babies/Healthy Kids Help line				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Outreach is conducted by staff at local health departments and their sub grantees, Healthy Start sites, and Nurse Family Partnerships to get women into prenatal care in the first trimester. All participate in collaborative planning to improve access to prenatal care services in their communities.

The Bureau of Family Health has started building a statewide coalition to address entry into prenatal care and birth outcomes. The coalition consists of key players who provide prenatal care and support services.

The Love'em with a Check-up Healthy Baby Help line plans to establish some print materials based on new "stork" commercials. In addition, there are plans to develop a minority focus to some outreach activities. The new commercial aired January 2005. In the spring of 2005, a pilot program began in the Philadelphia area. A grocery store chain has partnered with the Department to display an informational coupon in the area of pregnancy test kits in their store. The tear off coupon is approximately 4" by 5" and was displayed on the shelf in front of the pregnancy test kits in the store. The Department and the store logos were featured on the coupon as well the Healthy Baby number. The message, "Finding a doctor can be just as easy as finding out if you are pregnant," appeared on the coupon.

Quality Assurance measures have improved services and referrals made to women calling the Healthy Baby Help line. Calls are recorded on a random basis and reviewed by call center and Department staff for appropriate tone, data entered, information gathered, and other protocols. Accreditation is also planned through the Alliance of Information and Referral Systems (AIRS).

Many programs provide health education materials in several languages to reach out to those whose first language is not English. Interpreters and linguistic services are provided in the prenatal clinics where undocumented pregnant women receive services.

c. Plan for the Coming Year

The Department has initiated a State Adolescent Health Task Force to provide specific direction for teen pregnancy prevention and begin to detail the health needs of Pennsylvania's adolescent population.

In the coming year, the Bureau of Family Health will be collaborating with the Department of Public Welfare to improve access and quality of services to the MCH population in Pennsylvania.

The Bureau of Family Health will hold a stakeholder meeting in FY 06 to implement a community action plan toward a comprehensive statewide MCH care system.

The in-depth analysis of vital statistics described in National Performance Measure #15 will also be used to identify factors that impede entry into prenatal care. As result of this analysis, the Bureau will develop programs targeted to address the issues discovered. In addition, the Bureau will work with current grant recipients providing prenatal services to increase outreach opportunities for assisting women in entering prenatal services.

The Love'em with a Check-up Healthy Baby Help line plans to create a new brochure. In addition, some very successful print materials like the "Guide to a Healthy Pregnancy" will be reprinted in English and translated to Spanish. Anticipated distribution of the booklet for next year is 13,000 in English and 1,100 in Spanish. The retailer coupon initiative will be evaluated for its effectiveness and possibly utilized in other areas of the state and reprinted in Spanish.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of sexually active teens (ages 15-17) who use the Title V Family Planning Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	37%	37%	38%	38%	39%
Annual Indicator	20.4	17.5	13.2	NaN	NaN
Numerator	49716	44329	34245	0	0
Denominator	243356	253109	260384	0	0

Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	39%	40	40	40	0

Notes - 2002

Denominator for 2001 is a population estimate of the number of females age 15-17 in Pennsylvania . No estimate is yet available for 2002. Numerator for 2002 is a compilation of totals reported from Pennsylvania's four Family Health Councils. The Family Health Councils reported the number of females age 15-17 served by their agencies, and indicated that though they do not have information on those served who are sexually active, it is likely that nearly all served are sexually active. PA does not participate in the Youth Risk Behavior Survey, which provides data on youth sexual activity.

Notes - 2003

This measure is being discontinued.

Notes - 2004

This measure is being discontinued.

a. Last Year's Accomplishments

The Bureau of Family Health funded a number of teen pregnancy prevention initiatives. These include: the development and distribution of educational materials/resources, training about adolescent health topics (pregnancy prevention, STDs, general health issue), expansion of the teen website, teen and parent focused publications (magazines, brochures), peer education training, and distribution of wallet cards to youth (wallet cards provide information about local family planning services/locations).

In FY 2003-2004, the Department collaborated with the Pennsylvania Teen Pregnancy Coalition which supports statewide adolescent pregnancy prevention.

The Maternal and Family Health Services, Inc. used Title V funds to develop teen outreach initiative with three main components: 1) Expansion of the interactive educational website aimed at teens. This website allows teen access to information and links to resources on wellness, self-esteem, community services, and other character building themes. The website content incorporates positive and fact-oriented messages on teen sexuality and responsible behavior. In the first quarter of its implementation, the website received 24,906 hits. 2) Continuation of a toll free phone number and call center 1-866-SAFETEENS. 3) Development and distribution of the Teen Wallet Card marketing and reference tool in both English and Spanish.

The teen outreach initiatives described above were designed with input from teens to ensure that the teen pregnancy information and prevention messages are provided in a manner that is appropriate for teens. These types of outreach efforts increase the numbers of youth who are exposed to teen pregnancy prevention messages, increases the number of youth that receive information about teen pregnancy prevention services available in their local family planning clinics and provides the opportunity for youth to access factual information on teen pregnancy prevention and other high risk behaviors.

Local family planning clinics collected data on the number of teens who used their family planning service systems. However, teens were not asked if they were sexually active.

The national Youth Risk Behavior Survey (YRBS) provides data representative of U. S. high

school students via state and local surveys in local school districts that receive funding from the Center for Disease Control through cooperative agreements. All 50 state education agencies, seven territorial education agencies, and 24 local education agencies are eligible to receive funding to conduct YRBS. The YRBS is the primary source of data on priority health risks among youth and young adults, including sexual behavior that contribute to unintentional pregnancy and sexually transmitted diseases. Although Pennsylvania does not currently participate in YRBS on a statewide basis, the City of Philadelphia does collect YRBS data.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family Planning Program	X		X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Family Health Council of Central Pennsylvania, Inc. established projects designed to increase the number of teens served in family planning clinics. Through these teen clinics, outreach and education programs, it is estimated that over 9,215 teens were reached in FY 2004. Programs include teen clinics, contraceptive education in schools, focus on at risk youth, community and school health fairs, teen parenting support groups, brochures and poster distribution, collaborations between school guidance counselors and sex education counselors, peer educators, and teen focused newsletter publications. In addition, the Council has developed a new program entitled "On Second Thought" (OT2) which is designed to encourage good decision making skills among adolescents. The initiatives described above target teens and provide factual information on teen pregnancy prevention methods, materials and resources regarding teen pregnancy prevention are presented in a manner that attracts a teen audience. The Family Health Council of Central Pennsylvania, Inc. utilizes a myriad of venues, as described above, to outreach to teens and provide information about the resources available to them at their local family planning clinics. By participating in the OT2 program teens learn good decision making skills and are better equipped to avoid risk behaviors such as exposure to drugs and alcohol and other substances and premature sexual activity thereby reducing teen pregnancy.

c. Plan for the Coming Year

This SPM will be discontinued because data on the percent of sexually active teens (ages 15-17) that use family planning service systems is not available. However, the Governor has agreed to implement a statewide youth survey through the Gallop organization to collect data on adolescent behavior. It is estimated that 2000 teens will be surveyed.

Plans are underway to test and eventually implement the OT2 program throughout the central

region of the state. The four Councils will continue their recruitment efforts targeting adolescents and encouraging clients to continue accessing free services.

BFH will collaborate with the Departments of Education and Public Welfare, and community groups to support programs to identify best practices to further reduce teen pregnancy. This partnership will include participation on the Pregnant and Parenting Teen (PPT) and Education Leading to Career, Employment and Training (ELECT) advisory team.

BFH will convene an adolescent taskforce to address the prevention of teen pregnancy and other methodologies that impact youth.

In the past, education workshops were available to parents only, but because of the overall success of the program and at the request of parent participants, the program will be expanded to include adolescents. This will provide an opportunity for parents and their children to participant together in training sessions focusing on topics such as Choices and Consequences and Healthy Lifestyle Choices. Through their participation in joint training sessions on these subjects, parents and their children will receive factual information, increase their understanding of the topic area and have an opportunity to share their perspective about these issues. Parents are viewed as the primary educators of their children so one of the most important benefits of this joint participation is the improved communication between parents and their children. Increasing teens understanding of the choices and consequences of their actions will help to reduce teen pregnancy. Increasing communication between parents and their children will also contribute to the decrease in teen pregnancy.

State Performance Measure 2: *Percent of children (ages 1-2) screened for elevated blood lead levels (Risk Factor)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	45%	20	30	40	50
Annual Indicator	9.4	6.0	7.5	0.0	NaN
Numerator	22996	17578	21951	0	0
Denominator	245742	291478	293071	294820	0
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	60	60	60	60

Notes - 2002

The numerator is from the PALL database, and is for calendar year 2001 and 2002, respectively. Denominator is a population estimate of children ages 1-2 for calendar year 2001. No estimate is yet available for the calendar year 2002 denominator.

Notes - 2003

The numerator is from the PALL database, and is for calendar year 2001 and 2002 respectively. Denominator is a population estimate of children ages 1-2 for calendar year 2003. No estimate is yet available for the calendar year 2004 denominator.

Notes - 2004

Data for 2004 are not available at this time. It is estimated that data will be available in the future with the change to a new reporting system.

a. Last Year's Accomplishments

A Lead Elimination Workgroup comprised of community and agency leaders collaborated to formulate a strategic Lead Elimination Plan aimed at eliminating lead poisoning in Pennsylvania's children by 2010. The Lead Elimination Workgroup is a joint effort with the Philadelphia Department of Public Health. The Lead Elimination Workgroup consists of four subcommittees: Surveillance, Primary Prevention -- Housing, Primary Prevention -- Outreach, and Case Management.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Childhood Lead Poisoning Prevention Program			X	
2. Lead Information Line (not Title V funded)				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Comprehensive childhood lead poisoning prevention services are provided in targeted high-risk areas of the Commonwealth through 10 Department of Health (DOH)-funded Childhood Lead Poisoning Prevention Program (CLPPP) projects.

The PA CLPPP continues to work closely with the Department of Public Welfare (DPW) and the CLPPP sub-grantees regarding the delivery of childhood lead poisoning prevention services.

The DPW currently reimburses the Department of Health for environmental investigations the CLPPP sub-grantees provide to Medicaid and Medicaid Health Maintenance Organization (HMO) enrolled lead-poisoned children. A data-sharing project has been initiated with the DPW to ensure all children enrolled in Medicaid are being tested for lead poisoning.

c. Plan for the Coming Year

Comprehensive childhood lead poisoning prevention services will continue to be provided in targeted high-risk areas of the Commonwealth through the 10 PA projects. However, this performance measure has been slightly revised to reflect screening for lead poisoning rather than for elevated blood lead levels (see new State Performance Measure #7).

State Performance Measure 3: *Rate of deaths among children (ages 0-14) that are a result of unintentional injuries*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	8.8	8.7	7	7	6.9
Annual Indicator	7.0	7.1	6.2	7.1	NaN
Numerator	169	170	148	168	0
Denominator	2419598	2387431	2371006	2356033	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	6.8	6.7	6.6	6.5	

Notes - 2002

Annual Performance Indicator is rate per 100,000. Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2003

Annual Performance Indicator is rate per 100,000. Numerator source: PA Department of Health, Bureau of Health Statistics and Research. Denominator source: PA State Data Center.

Notes - 2004

This meaure is being discontinued.

a. Last Year's Accomplishments

The establishment and growth of the Pennsylvania Child Death Review (CDR) Program contributed to the decrease in the rate of child deaths among children age 1-14 in Pennsylvania from 2003-2004 from 7 to 6.9/100,000. A collaborative workgroup was developed which consisted of Coroners, Law Enforcement, Child Protective Services, and CDR that created an educational program for Pennsylvania to address child death scene investigation. The collaboration developed a task force to address suicide-related issues, the partnership of CDR and organizations such as Yellow Ribbon, TeenSceen and Survivors of Suicide (SOS) to provide prevention activities to children.

Bicycle Safety: The 44 PA SAFE KIDS Chapters and Coalitions conducted 106 bicycle derby events. At these events, 6,018 bicycle helmets were distributed to children in need.

Thirty-three bicycle safety mini-grants were awarded to community organizations and police departments across the state. These organizations distributed 7,217 bicycle helmets statewide. The goal of the bicycle safety grants was to increase bicycle safety while reducing bicycle related injuries. The primary target audience for the grant was children and youth ages five to 18. By conducting pre and post observations for those youth who did not use a bicycle helmet prior to receiving one from the grant program, grantees learned through helmet observations that there was a 24 percent increase in helmet use among those youth that received a helmet from the grant program.

Water Safety: A new water safety tips handout was developed and distributed to all chapters and coalitions. In addition, 710 personal flotation devices were purchased and distributed to coalitions and chapters to raise awareness regarding water safety and drowning.

Fire Safety: The 44 PA SAFE KIDS Chapters and Coalitions distributed 771 smoke alarms to families in need.

Traffic Safety: The 44 PA SAFE KIDS Chapters and Coalitions conducted 205 child safety seat events. At these events, 3,820 child safety seats were checked for proper fit and installation, and 1,490 child safety seats were distributed to families in need.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Department of Health, Bureau of Chronic Disease and Injury Prevention, SAFE KIDS Program			X	X
2. Shaken Baby Prevention and Education Program			X	X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

There are 42 PA SAFE KIDS Coalitions and Chapters that are conducting year round activities in the following areas: bicycle safety; water safety; fire safety; and traffic safety (child passenger and pedestrian).

Two "Be Safe and Sound" mini-grants were awarded to school districts in Southeastern PA to conduct violence prevention activities.

c. Plan for the Coming Year

This state performance measure is being discontinued because the SAFE KIDS programs have consistently demonstrated their effectiveness. The activities described above will be continued in future years.

State Performance Measure 5: *Percent of child deaths (ages 0-19) reviewed by a local Child Death Review Team.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	50%	100	100	100	100
Annual Indicator	91.6	88.9	91.9	NaN	NaN
Numerator	1503	289	1171	0	0
Denominator	1641	325	1274	0	0
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

Numerator was provided by the PA Chapter of the American Academy of Pediatrics, which is contracted to administer our statewide Child Death Review Team Program. Numerator is the number of child deaths reviewed by the teams across the state. Denominator is the number of child deaths sent to the PA AAP for distribution to the teams. Numerator does not match denominator because 14 counties in the state do not have child death review teams and are therefore unable to review resident deaths. Denominator does not match the PA Department of Health, Bureau of Health Statistics and Research death records because out-of-state deaths are transmitted to the team later than in-state deaths, and are not always reviewed in the year in which they occurred.

Notes - 2003

Data for 2003 is not available at this time.

Notes - 2004

Data for 2004 is not available at this time.

a. Last Year's Accomplishments

The Department continues its collaborative efforts with the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) and the Department of Public Welfare to expand child death review efforts in Pennsylvania. State and local CDRTs review child deaths, investigate risk factors that lead to the death, and recommend policies and educational programs that can prevent future deaths. By identifying risk factors, the teams can design the most appropriate prevention strategies for intervention.

As of August 2004, 58 local teams representing 60 counties were operational. Counties without teams included: Armstrong, Centre, Clinton, Columbia, Cumberland, Huntingdon, Montour, Northumberland, Snyder, Tioga and Union. Armstrong, Centre, Huntingdon, Montour, Snyder, and Tioga all are in the process of creating county teams. Armstrong, Centre, Huntingdon and Montour are part of the State Team but have not organized a review team at this point. Centre,

Cumberland and Montour have been involved with other County Local Teams.

In 2004, the State CDR Team and the taskforces of the CDR Program (Infant Death, Transportation, Suicide, and Farm and Rural Safety) developed recommendations that were shared with prevention partners within the Departments of Health and Public Welfare and with individuals that represent the State and local Child Death Review teams, such Pennsylvania Coroners, Children, Youth & Family Services staff, the Pennsylvania State Police and County Law Enforcement, and Highway Safety Specialists. Some of the actions that resulted from the recommendations include:

. The CRD Program reported that a number of child deaths were attributed to improper or unsafe sleep practices. According to the National SAFE Kids Campaign (2004), sixty percent of infant suffocation occurs in the sleeping environment. Infants can suffocate when their faces become wedged against or buried in a mattress, pillow, or other soft bedding or when someone in the same bed rolls over them. The Bureau provided funds to 2 community organizations in FY ‘05 to supplement their efforts in crib distribution to local families who could not otherwise afford a safe sleeping environment for their newborn. Families were provided with both a "pack and play" crib and education so that they would be aware of the dangers associated with unsafe sleep practices. The Bureau of Family Health is working with representatives from several counties within the state health districts to establish additional Cribs for Kids Programs during 2005/2006.

. Pennsylvania Coroners, Law Enforcement, Child Protective Services and the CDR Program is currently collaborating to develop an educational program for Pennsylvania to promote standardization of death investigations and full understanding of resources, science, research, vital statistics, and the classification of undetermined and natural deaths.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Child Death Review Team			X	X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The multi-disciplinary State CDRT provides training and technical assistance for local team development, software to facilitate data transfer and aggregate data collection, monitoring of local CDRT outcomes, proposals for necessary laws and regulatory/policy changes through appropriate state entities, and continued advocacy for the accurate and timely investigation, reporting, and recording of child deaths. A calendar year child death summary report addresses trends and patterns, the status of preventable deaths, and recommendations for the most effective prevention strategies to reduce the number and causes of preventable deaths in the

state.

The local CDRTs review every resident child's death when a death certificate exists or when circumstances surrounding the death are known. The teams collect and submit data to PA AAP for analysis and make recommendations to the State team for implementation. The local teams also develop an annual report that summarizes team activities, team accomplishments, and prevention strategies developed for its communities.

The Pennsylvania CDRT Program was invited by the National Institute of Health as one of 13 states to participate in the National Resource on Child Death Review Database Pilot Project. The efforts of the 13 states involved will contribute to the development of the foundation for child death review data systems, which will provide national profiles on the types and causes of child deaths throughout the country. The prevention strategies that will evolve from the pilot project are expected to help reduce the number of child deaths nationwide. The Child Death Review Database, which was developed by the Michigan Public Health Institute Child Death Review Program (the National Child Death Review Center) will allow all local child death review teams to submit data to the Pennsylvania CDRT Program through a new web-based system. State CDRT program staff will have access to the data and will be able to download it at any time. Local CDRTs will be able to generate data reports.

Five CDRT Program taskforces address the following issues: 1) Infant Death (prematurely and natural), 2) Infant Death (unexplained, sudden and unexpected), 3) Transportation, 4) Suicide, and 5) Farm and Rural Safety.

The CDRT Program has collaborated with Pennsylvania Coroners, Law Enforcement, and Child Protective Services to develop an educational program for the State to address Child Death Scene Investigations.

Several local CDRTs have collaborated with various agencies to assist their communities in dealing with issues related to suicide, including Yellow Ribbon, a comprehensive community-based suicide prevention outreach program, TeenScreen, an adolescent mental health and suicide-screening initiative that promotes mental health screenings throughout the country and Survivors of Suicide, a program that aims to help those who have lost a loved one to suicide resolve their grief.

c. Plan for the Coming Year

The BFH will continue its involvement with the CDRT Program and the Department of Public Welfare in the coming year. The CDRT Program will continue its efforts to expand child death review across the state, with the intention that every county in Pennsylvania be involved in child death review by 2010, either by the establishment of new teams or collaborations among existing local teams.

State Performance Measure 6: *The degree of improvement in the Bureau programs' participation in prevention initiatives that impact conditions and complications affecting children with special health care needs.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**

Annual Performance Objective	77%	82%	82	84	86
Annual Indicator	77.3	87.0	48.3	41.9	NaN
Numerator	17	20	14	13	0
Denominator	22	23	29	31	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	86	87	88		

Notes - 2002

The detail sheet on this performance measure has been changed (see Form 16) to include programs funded by Title V throughout our Bureau, not just in one Division. A recent re-organization in the Bureau has eliminated the Division of Special Health Care Programs, and has spread its duties across the Division of Child and Adult Health Services and the Division of Community Systems and Outreach.

Notes - 2003

The detail sheet on this performance measure has been changed (see Form 16) to include programs funded by Title V throughout our Bureau, not just in one Division. A recent re-organization in the Bureau has eliminated the Division of Special Health Care Programs, and has spread its duties across the Division of Child and Adult Health Services and the Division of Community Systems and Outreach.

Notes - 2004

Performance measure is being discontinued.

a. Last Year's Accomplishments

The Bureau of Family Health has taken an active role in increasing the number of health care agencies, hospitals, managed care organizations, and private/public partnerships that are actively engaged in condition-specific prevention strategies. The Bureau has identified three areas of prevention that it continues to address in its day-to-day activities with providers and constituents:

1. Primary Prevention in areas such as folic acid awareness and education, prevention of neural tube defects, preconceptional health assessments, genetic screening, and genetic counseling to reduce birth defects.

2. Secondary Prevention aimed at minimizing the complications of an existing condition/special need by providing information about available services that assists in improving the quality of life and the health of newborns and children with birth defects and special health care needs.

3. Safety initiatives aimed at preventing injuries/accidents through education and interventions (e.g., helmets, car safety seats, hot water regulators) and providing a clean, safe and healthy environment, (e.g., lead-free homes, home safety inspection, poison/pesticide storage).

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service

	DHC	ES	PBS	IB
1. Folic Acid Education Program			X	
2. Epilepsy and Related Disorders Outreach and Support Services			X	
3. Building Inclusive Communities Mini-Grant Program			X	X
4. Newborn Hearing Screening Program			X	
5. Love 'Em With a Checkup Program			X	
6. PA Recreation and Leisure Line for Individuals with Disabilities				X
7. Special Kids Network / Community Systems Development				X
8. Tourette Syndrome Program			X	
9. Newborn Metabolic Screening Program			X	
10.				

b. Current Activities

The BFH continues to address the initiatives described above.

Support of genetic screening and counseling for those without health care coverage are ongoing programs of the Bureau of Family Health.

The Bureau promotes the use of folic acid (in the form of a vitamin) through its maternal and child health consultants located in each of the state's District Offices, who conduct regular outreach activities in local communities, including the Amish population.

Finally, the Bureau-supported Injury Prevention Program manages state-wide initiatives to promote child safety to prevent injuries.

c. Plan for the Coming Year

This SPM is being discontinued. The Bureau is changing its direction to emphasize medical service delivery outcome measures in its selection of SPMs as more accurate measures of the status of maternal and child health in Pennsylvania.

State Performance Measure 9: *Percent of children in regulated center-based child care who are getting vision screening.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	70%	73%	75%	77%	80%
Annual Indicator	73.1	73.5	74.2	NaN	NaN
Numerator	13235	12740	13838	0	0
Denominator	18104	17345	18659	0	0
Is the Data					

Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	82%	82	82		

Notes - 2002

Denominator is the total number of records processed for children in the State-regulated daycare system. Numerator is the total number of records with a documented vision screening. Data is for State fiscal year 2001-2002. The PA Department of Public Welfare, who manages state-regulated daycare and tracks the information in their ECELSTRAK database, provides the numerator and denominator. Monies from DPW and the Department of Health, as well as Federal and private grants, support the database. Responsibility for tracking immunizations, which includes the tracking for vision screening, has been passed from DPW to the Department of Health, Bureau of Communicable Diseases. That Bureau has chosen not to track vision screening, so this data will be available to us only through July 1, 2003.

Notes - 2003

We are no longer able to report data for this Performance Measure.

Notes - 2004

We are no longer able to report data for this Performance Measure. Performance measure is being discontinued.

a. Last Year's Accomplishments

In FY 2002-2003, approximately 77 percent of the children in the child-care centers were screened (approximately 10,494 children).

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. ECELS / ECELStrak software		**X**		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Data are no longer submitted to the BFH by the child-care centers because a fee became associated with the data collection system that was tracking how many children in child-care facilities were being screened for vision. The bureau could not mandate child-care centers to pay this fee in order to participate in the system. As a result, the Department instituted its own tracking system through the Division of Immunizations.

c. Plan for the Coming Year

The program has been discontinued.

State Performance Measure 10: *Number of visits to specialty clinics where coordination between the specialist and primary care physician is indicated on the client encounter record.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	70%	75%	76	77	78
Annual Indicator	67.7	55.9	91.4	NaN	NaN
Numerator	1854	7893	8280	0	0
Denominator	2740	14123	9062	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	79	79	79		

Notes - 2002

2001 data is from our CORE computer system for State Fiscal Year 2001-2002.

Notes - 2003

2002 data is from our CORE computer system for State Fiscal Year 2002-2003.

Notes - 2004

Performance measure is being discontinued.

a. Last Year's Accomplishments

The multidisciplinary specialist maintained contact with the primary care physician after each specialty clinic visit.

Chart audits were conducted at 20 percent of medical homes.

The Medical Home Training Program assesses the competency of participants using the Medial Home Index Analysis Tool designed by the Center for Medical Home Improvement Program (CMIP). Reports of this analysis indicate greater competency of participating physicians following completion of the medical home training curriculum. A Medical Home Index for Families has also been developed by CMIP measuring family participation in decision-making regarding the care of their CSHCN. Families completing the Index report increased levels of satisfaction with the delivery of care to their CSHCN from physician practice participating in the medical Home Training program and increased family satisfaction with the care delivered to CSHCN.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive Specialty Care Programs of the Bureau of Family Health	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The physician practices participating in the EPIC-IC medical home training program provided medical homes for 4,000 (approximately 1 percent of the CSHCN identified in Pennsylvania in 2001 by the National Survey of Children with Special Needs) children and youth with special health care needs in 18 counties throughout the state. According to the SLAITS Survey (2001), 13.8 percent (approximately 52,40) of CSHCN were uninsured. 327,700 CSHCN or 86.4 percent of the population do have medical homes, based upon the data provided from the SLAITS Survey (2001).

c. Plan for the Coming Year

This SPM is being discontinued. The Bureau of Family Health is partnering with a number of stakeholders to develop a uniform care coordination approach for CSHCN.

State Performance Measure 11: *Percent of first-time callers to Special Kids Network.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	50%	50%	52	54	56
Annual Indicator	29.3	4.5	55.5	80.0	NaN
Numerator	22	22	9140	6916	0
Denominator	75	490	16471	8649	0
Is the Data					

Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	58	58	58	60	

Notes - 2002

This performance measure was new with the FFY 2001 Application. It was at first reported using data from a Farm Show survey which has not been repeated. The measure has been changed this year to rely upon a more consistent, duplicable and statistically sound reporting source. Please see detail sheet.

Notes - 2003

This performance measure is being discontinued.

Notes - 2004

Performance measure is being discontinued.

a. Last Year's Accomplishments

According to data compiled by the contractor, in calendar year 2002-2003, the total number of initial Information and Referral Call records for the Special Kids Network was 8957 (SKN = 8649, Recreation and Leisure Line = 308). This represents 55.69% of the total 16,083 call records for that time period.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Special Kids Network				**X**
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The total number of initial I&R call records in 2004 was 7236. This represents 52.96% of 13,662 total call records.

SOURCE for this data:

CSIU/SCO period: January 1 to June 30, 2004
SKN: 4061
R&L: 129

CSIU/SCO - period: July 1 to July 31, 2004

SKN: 451
R&L: 15

PSI/HHSCC: period: August 1 to December 31, 2004 (new contractor)
SKN & R&L: 2580 (note, PSI/HHSCC has not collected data separately on SKN vs. R&L. However they plan to in the near future)

c. Plan for the Coming Year

This SPM is being discontinued but the following outreach efforts will continue to attract first time and repeat callers to the line: Two media flights will air the 2004 created television commercial, newly developed rack cards will be distributed, and Bureau and contractor representatives will staff health fairs across the state.

The Bureau of Family Health has developed a new performance measure (SPM #5) that will measure satisfaction with the SKN call center services and to assure families are actually receiving needed services.

State Performance Measure 12: *Percent of CSHCN who report receiving specialty care.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	90%	93%	93	93	93
Annual Indicator	74.1	64.9	NaN	NaN	NaN
Numerator	186	239	0	0	0
Denominator	251	368	0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	93	93	93	93	

Notes - 2002

This measure was new with the 2001 Application. It was reported using survey data from the Special Kids Network Question of the Month, which is asked of all callers to the Special Kids Network during a given month. This question was not been asked by the Special Kids Network during the calendar year 2002.

Notes - 2003

This measure was new with the FFY 2001 Application. It was reported using survey data from the Special Kids Network Question of the Month, which is asked of all callers to the Special Kids Network during a given month. This question was not asked by the Special Kids Network during the calendar year 2003.

Notes - 2004

Performance measure is being discontinued.

a. Last Year's Accomplishments

The Departments of Health, Insurance, Public Welfare and Aging collaborated with the Department of General Services and the Governor's Office of Management and Productivity to create and issue a Request for Proposal for a Health and Human Services Call Center. Policy Studies, Inc., Denver, CO, was selected as the vendor and operations began on August 1, 2004. This multi-agency sponsored call center contract has garnered $2.2 million in annual savings for the Commonwealth, with the largest portion of savings attributed to the Department of Health. It is fixed price contract, based on prior call volume and hours of operation, and is performance-based. Key performance indicators provide the basis for any potential penalty. Because all information and referral specialists are cross-trained, they can ask discovery questions of callers to non-Title V lines that open discussion to promote awareness of the Title V services available through SKN. This potential is monitored through "events tracking", wherein we note that issues that were unique to one help line are now addressed by any of the help line specialists through multiple events in each call. In addition, on any help line's call the specialist can use the "Question of the Month" or "Did You Know?" utilities to bring information about Title V services for CSHCN to families.

The BFH administered the Question of the Month (QM) in conjunction with each of the six regional offices of the Special Kids Network (SKN) and the SKN Statewide Coordinating Office. During calendar year 2003, callers responded to questions modeled after indicators from the six performance outcomes found in All Aboard the 2010 Express, a ten-year federal action plan. Through the QM program, the BFH monitors progress towards the achievement of the intended CSHCN outcomes described in 2010 Express. SKN callers were surveyed on all six CSHCN performance outcomes.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive Specialty Care Programs for the Bureau of Family Health	X			
2. Special Kids Network / Community Systems Development				X
3. Medical Home Integrated Care Coordination Initiative				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The BFH did not administer the QM for calendar year 2004 in anticipation of contracting for a possible new vendor to operate the SKN Information and Referral line. The BFH plans to continue administering QM. The Department will monitor those CSHCN identified for specialty care, report the results and assist in ensuring comprehensive, coordinated care for CSHCN.

c. Plan for the Coming Year

This SPM is being discontinued. Bureau of Family Health staff will link the National HP 2010 objective, "Increasing the proportion of Territories and States that have service systems for children with special health care needs", with one of the six core CSHCN goals, "Community-based service systems will be organized so families can use them easily."

The Early Intervention Research Institute was instrumental in developing monitoring and measurement tools, along with state CSHCN stakeholders, to assess the core CSHCN goals. Families with CSHCN will be surveyed using the "Question of the Month " survey tool, employed by PA's centralized call center contractor, and questions developed by the State and Local Area Integrated Telephone Survey (SLAITS), a national survey focusing on CSHCN issues. This will ensure data collection is consistent and comparable with national statistics and trends.

State Performance Measure 13: *Percent of School Aged Children (6-19) who are Overweight or Obese*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	11	11	11	11	11
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	11				

Notes - 2002

Pennsylvania does not have the capacity to report on this performance measure at this time. Prior reporting was based on a one-time survey performed by the Department of Health, Bureau of Chronic Disease and Injury Prevention. Pennsylvania is developing the capacity to report this data by augmenting student health status information reported to the Department on annual health reports from school districts. This information will include aggregate data regarding body mass index. This data augmentation will be pilot tested in school year 2003-2004, and will become a requirement in school year 2004-2005.

Notes - 2003

Pennsylvania does not have the capacity to report on this performance measure at this time. Prior reporting was based on a one-time survey performed by the Department of Health, Bureau of Chronic Disease and Injury Prevention. Pennsylvania is developing the capacity to report this data by augmenting student health status information reported to the Department on

annual health reports from school districts. This information will include aggregate data regarding body mass index. This data augmentation was pilot tested in school year 2003-2004, and will become a requirement in school year 2004-2005.

Notes - 2004

Pennsylvania does not have the capacity to report on this performance measure at this time. Prior reporting was based on a one-time survey performed by the Department of Health, Bureau of Chronic Disease and Injury Prevention. Pennsylvania is developing the capacity to report this data by augmenting student health status information reported to the Department on annual health reports from school districts. This information will include aggregate data regarding body mass index. This data augmentation was pilot tested in school year 2003-2004, and will become a requirement in school year 2004-2005.

a. Last Year's Accomplishments

In fiscal year 2003-2004, the BFH received a grant for $1,000,000 from the Centers for Disease Control and Prevention (CDC) to implement nutrition and physical activity strategies to prevent obesity and other chronic diseases in Pennsylvania. Pennsylvania is one of five states awarded a Basic Implementation grant, which is the highest level of funding that was made available by CDC. These funds have made resources available to systematically increase the number of school districts that implement the CDC's coordinated school health model, to provide training to health-care professionals on methods to identify and treat overweight people, and conduct training to bring public health professionals and community design and development professionals together to learn how to communicate and work together to design and plan community environments that support healthy eating and physical activity. Presently, no state funds have been allocated to address obesity prevention and intervention. Target counties for these efforts are Fayette, Luzerne, and Tioga Counties with assistance from the following local partners: Area Health Education Centers (Northcentral, Northeast, and Southwest) and State Health Improvement Plan (SHIP) partners (Tioga County Partnership for Community Health, Healthy Northeast Pennsylvania Initiative, and Uniontown Hospital Foundation, Inc.), and the Commonwealth partners of Departments of Agriculture and Education. A plan entitled, "The Pennsylvania Nutrition and Physical Activity Plan to Prevent Obesity and Related Chronic Diseases" was released in February 2003. The Plan systematically targets public policy changes, changes to the physical environment, communities, and organizations to ultimately increase healthy eating and physical activity opportunities and behaviors.

The Color Me Healthy (CMH) program is a collaborative program of the Departments of Health and Education designed to reach children age four and five. It provides innovative, interactive learning opportunities on physical activity and healthy eating. This program designed to stimulate all the senses of young children- touch, smell, sight, sound, and taste. It uses color, music, and exploration of the senses to teach children that healthy food and physical activity are fun. In 2003-2004 fiscal year, the CMH program was piloted in five counties and implemented in daycare settings, Head Start programs, and Family Literacy Centers- reaching over 500 sites during the pilot program implementation. Results to date demonstrate that 56 percent of respondents noted that children were trying more new foods, and eating more healthy foods. In addition, 75 percent of children expressed excitement about engaging in physical activity.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Pennsylvania Advocates for Nutrition and Activity (PANA)			X	X
2.				

3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In school year 2004-2005, the Division of School Health disseminated information to educate parents, communities and schools. The mandated Growth Screening Program will be implemented in several grades at a time, starting with Kindergarten, Grades 1, 2, and 3 in the first year. Three to four grades will be added each year until the program includes all grade levels, Kindergarten through 12th grade. Reporting will be required as mandatory screening is implemented. Many schools in Pennsylvania have voluntarily started the Program in school year 2004-2005 and are being requested to report their findings. The Growth Screening Program for Pennsylvania's School-Age Population screens for underweight, at risk for overweight, and overweight children, encourages schools to notify parents of screening results. The Department first piloted the program in 10 schools in 2003.

The Department was the catalyst for the development of the Pennsylvania Advocates for Nutrition and Activity (PANA), a statewide organization that builds capacity to implement the Plan through collaboration and communication in three focus areas: communities, schools, and healthcare. The Department provides a portion of the CDC grant to PANA to coordinate the implementation and evaluation of the state plan.

A major intervention includes the Keystone Healthy Zone (KHZ) school campaign, which is a statewide effort to mobilize schools and communities to adopt a coordinated approach for school health programs and services in order to support and promote active lifestyles and healthy food choices for youth and families. In March 2004, schools were invited to complete an online assessment of their policies and environment as related to nutrition and physical activity. Nine hundred twelve schools completed the assessment and received a "report card" of their nutrition and physical activity policies and environment. Schools also had an opportunity to apply for a $2,000 mini-grant to improve their policies and environment. By August 2004, 100 schools were awarded $2,000 mini-grants to support KHZ campaign activities. Other activities have included the Great Pennsylvania Apple Crunch to promote the consumption of red fruits and vegetables; in February 2005, the Jump for Heart and Hoops for Heart and in March 2005, the "Go For the Greens" to promote the consumption of green fruits and vegetables. In addition, there were three statewide satellite trainings targeted to individuals, physical education teachers, local community planners, administrators, teachers, parents, and food service directors about food preparation, and healthy walking routes to schools.

The Color Me Healthy (CMH) collaborative program of the Departments of Health and Education was expanded in 2004-2005 to twelve (12) additional counties.

c. Plan for the Coming Year

In addition to the program offices and stakeholder organizations within the Department of Health, the Bureau of Family Health is partnering with other Commonwealth agencies including the Departments of Public Welfare, Insurance and Education to develop interventions to address childhood obesity. Under the guidance of the Bureau of Chronic Disease and Injury Prevention, the Pennsylvania Nutrition and Physical Activity Plan to Prevent Obesity and

Related Chronic Diseases was developed by a multi-disciplinary group of stakeholders and released by the Department of Health in February 2003. An initial outcome of the planning process was the creation of the Pennsylvania Advocates for Nutrition and Activity (PANA), a statewide, multi-sector coalition that will coordinate the implementation and evaluation of the state plan. The goal of the plan is to promote a Pennsylvania that supports and values healthy lifestyle behaviors.

E. OTHER PROGRAM ACTIVITIES

The Division of Newborn Disease Prevention and Identification is developing an integrated hearing and metabolic web-based computer system that will be ready for implementation Summer 2005. The system will allow hospital access to newborn screening results and provide improved communications through its mass email and bulletin board functionality. Hearing Screening Program staff are also working with the Pennsylvania Chapter of the American Academy of Pediatrics (PA-AAP) on ongoing programs and materials that will promote hearing screening education and outreach to hospitals, physicians and audiologists. As part of the EPIC-EHDI Outreach to Physicians project being undertaken with PA-AAP, 200 videos of the model grand round presentation about newborn hearing screening were produced. One hundred and fifty were distributed to birthing hospitals and community health nurses in regional DOH offices and county and municipal health departments. The one-hour presentation includes essential medical information from a physician and audiologist, a short parent advocate presentation, and information about state EHDI program tracking and follow-up services. A special evaluation tool was distributed along with the video to measure its effectiveness in conveying these essential messages and to gauge prospects for positive changes in program performance.

Eight-county/municipal health departments provide prenatal services to pregnant women. The services focus on health and parenting education on such topics as smoking cessation, healthy nutrition during pregnancy, infant child and safety, child development and the warning signs of premature labor/delivery. Some county/municipal programs monitor women to ensure they keep their prenatal care appointments. These services are provided directly by the local health department or through BFH Title V sub-grants, which utilize registered nurses to provide the service. Assistance in obtaining social services is also provided. The county/municipal health departments also provide various educational training events to the public and service providers to raise awareness of prenatal issues.

The Bureau of Family Health funds twelve consultants, who serve as the "implementation arm" for many Bureau programs. The six Special Healthcare Needs Consultants (SHCNC) and the six Maternal and Child Health Consultants (MCHC) are nurses who serve clients at the local level in each of the six community health districts. They ensure that pregnant women, mothers and children have access to services at the local level, in all counties in their district. These nurses provide case management: care coordination, education, consultation, technical assistance and promotion and outreach. The consultants routinely consult with staff in the Department of Health State Health Centers regarding the scope, content and effectiveness of MCH services. Examples of specific activities conducted by Consultants include: collection of PKU monitor specimens, follow-up of children not passing their hearing screening, participate in breastfeeding initiatives and coalitions, teen pregnancy prevention, Child Death Review, conduct home and client assessments for lead exposure, and provide education on health topics to childcare centers.

F. TECHNICAL ASSISTANCE

The Bureau of Family Health has two technical assistance requests at this time:

1. Children and youth with special health care needs are of paramount concern. Data from the MCH

Needs Analysis suggest a gap in Title V care coordination and case management services for this population. The Bureau of Family Health seeks technical assistance around developing statewide survey data to develop high quality care systems for children and youth with special health care needs.

This assistance is requested from HRSA or any State with identified best practices in this area.

2. The Commonwealth of Pennsylvania, unlike its neighboring states, does not particiate in the Pregnancy Risk Assessment Monitoring System (PRAMS). Information from a population-based survey tool would be valuable in planning and evaluating prenatal care, tobacco cessation during pregnancy, and breastfeeding statewide. The Bureau of Family Health seeks technical assistance around development of such a tool.

This assistance is requested from HRSA or any State with identified best practices in this area.

V. BUDGET NARRATIVE

A. EXPENDITURES

Form 3 (State Maternal and Child Health Funding Profile), Form 4 (Budget Details by Types of Individuals Served and Sources of Other Federal Funds), and Form 5 (State Title V Program Budget and Expenditures) have been completed in accordance with the guidance.

B. BUDGET

3.3.1 Completion of Budget Forms

Form 2 (Maternal and Child Health Budget Details for FY 2006), Form 3 (State MCH Funding Profile), Form 4 (Budget Details by Types of Individuals Served and Sources of Other Federal Funds), and Form 5 (State Title V Program Budget and Expenditures by Types of Service) have been completed.

3.3.2 Other Requirements

Pennsylvania's proposed budget for Federal Fiscal Year 2006 is in full compliance with the federally mandated "30%-30%" requirements. Of Pennsylvania's proposed federal grant award for 2006, $8,900,685 is designated for the support of preventive and primary services for children, and $8,069,108 is designated for the support of services for children with special health care needs. Following is a summary of the utilization of available funds in relation to the levels of the pyramid.

Administrative Costs

Section 505 of the Maternal and Child Health (MCH) Services Block Grant legislation limits the amount of the State's allocation that can be used for administration to not more than 10 percent. In FFY 2006, Pennsylvania plans to expend $1,930,000 or 7.57 percent for administration. The following is the definition of Administrative Costs used by the Pennsylvania Department of Health in administering the Maternal and Child Health Services Block Grant.

1. Personnel Costs
Personnel costs, including salaries and associated fringe benefits, are considered administrative if those costs are not incurred in the direct or indirect provision of prevention, education, intervention, or treatment services.

All personnel costs not included in this definition would be considered program and would not fall under the block grant administrative costs restriction.

2. Operational Costs
Operational costs are considered administrative if they are not required for the delivery of direct or indirect program services. Operational costs are considered program if they are utilized to support program-designated activities. The designations are by minor object of expenditure.

Maintenance of Effort Match

Section 505 of the Maternal and Child Health (MCH) Services Block Grant legislation requires that a State receiving funds shall maintain the level of funds being provided solely by such State for maternal and child health programs at a level at least equal to the level that the State provided for such programs in fiscal year 1989.

Pennsylvania bases maintenance of effort on a federal fiscal year, only including those state appropriations which are solely used for MCH; i.e., 100 percent MCH-related. In Federal Fiscal Year 1989, Pennsylvania's maintenance of effort was $20,065,574.58, as detailed below in Table 2. For Federal Fiscal Year 2006, Pennsylvania's match will exceed the 1989 maintenance of effort level. The proposed expenditure of state Maintenance of Effort for 2006 is detailed below in Table 3.

Table 2
Maintenance of Effort (Match)
Federal Fiscal Year 1989

State Funded Appropriations	Amount
108 School Health Services	$17,265,914.86
112 Maternal and Child Health	1,661,120.00
120 Sickle Cell Summer Camps	35,000.00
137 Tourette's Syndrome	100,000.00
164 Home Ventilators	1,003,539.72
TOTAL	$20,065,574.58

Table 3
Planned Maintenance of Effort (Match)
Federal Fiscal Year 2006

State Funded Appropriations	Amount
108 School Health Services	$38,842,000.00
112 Maternal and Child Health	$ 2,090,000.00
TOTAL	$40,932,000.00

Note: Consistently, since 1989, the Bureau has used a constant set of appropriations to indicate our maintenance of effort match. Based on advice received from Region III when preparing the 2001 application, the Bureau increased the maintenance of effort to include all state appropriations administered by the Bureau. Afterward, it was noted by changing these variables, we would not have a constant comparison from year-to-year and were advised to return to the method indicated in this application.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.